MC0357

"Best Buy" Hospitals

Bury St. Edmunds and Frimley

FINAL DETAIL PLANNING POLICIES

Part I - Off-Sited Supporting Services.

Part II - Whole-Hospital Functions and Departments.

THE PATENT 'LOXON' LOOSE-LEAF BINDER

Patent Nos. 700547 and 802577

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"Best Buy" Hospitals, Bury St. Edmunds and Frimley

FINAL DETAIL PLANNING POLICIES

Introductory Notes

1. These policies are the product of many months' work by members of the Department's Project Team, generally along the lines suggested in HBPN No.2. The first outline was produced some 18 months ago, in a working paper for internal use (BB.78); also, a brief summary was given in the booklet on "Rationalisation of Planning and Design". Now they are being arranged and written up in a comprehensive set of documents which supersede all earlier drafts.

2. As the documents are intended for the continuing use of the project team and local commissioning teams, they are reproduced in a "loose-leaf" style which should facilitate the extraction of data, amendments and additions.

3. The sequence in which the policies are being arranged - see Index - is also chosen for general convenience. (The fact that it differs from the simple room numbering sequence established some time ago is not significant.) It reflects the importance of whole-hospital planning and enables the statements to progress from the general to the particular, with ample cross-referencing to avoid repetition.

4. Need. This sequence happens to be a reversal of the way in which the functional content of the hospital was determined, i.e. the basic units (wards and treatment areas - numbers of beds, places, doctor-sessions, etc.) first and then the sizes of supporting services afterwards. Full details were given in the separate Statements of Need drawn up for agreement with each Regional Hospital Board (BB.70 and BB.75). The principle of co-ordinated community care which is inherent in the "Best Buy" assessments of need was also described in those Statements as well as other papers, so it is not being repeated here.

5. Costs. Another cardinal feature which has been fully covered elsewhere is the project team's commitment to seek all reasonable economies in planning and design; but the policies will include reference to the evaluation of the resultant cost options wherever necessary. The effect that policies can have on revenue consequences, for example, makes this an increasingly important exercise.

6. Design. In the policy documents attention is concentrated on operational requirements. Of course their effect on design was carefully worked out during earlier stages of the team's work, but as the outcome was a satisfactory "design solution" which is now embodied in the final sketch plans and available for reference, written description seems unnecessary. The policies and plans should be considered together, supported additionally by the room numbering schedules - which are at present being amplified to include details of all room sizes.

7. An extra Policy (No. IIL) has been included to give a description of the Development Plan and how the departmental relationships were worked out. This has proved quite a lengthy process despite the team's aversion to variations; among the various reformative influences were:-

(a) Necessary refinement of engineering and structural concepts.

(b) The shrinking of some departmental areas through improved design.

(c) Changes of basic policy beyond the team's control, e.g. for the psychiatric day centre.

(d) User comments arising from the interim local presentations.

8. The result of all this work is a set of planning policies which are tailored to fit a particularly economical whole-hospital design although not necessarily restricted to a certain size or functional content. Their validity for a different type of design is problematical, so they should not be wholly or partly applied in other contexts without carefully reviewing all the circumstances. Staff complements are very provisional and have been included simply as a basis for discussion with the local commissioning teams; they represent no commitment to a certain level of revenue expenditure.

9. A separate document is in course of preparation, setting out the more radical aspects of the planning policies for special attention by other project teams. Also, a further paper is being produced to review the impact of "Best Buy" concepts on the local community health services (see Note 4).

10. Index. An index to the full set of policies is provided for reference purposes. Parts I and II of the set are available in their final form. Parts III, IV and V are still being completed and will be published as soon as possible.

May 1969.

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B. Frimley.

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OFF-SITED SUPPORTING SERVICES, BURY ST. EDMUNDS.

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References:-

B.N. No. 25 - Laundry (under revision).
H.M.(67)13 and Report on C.S.S.D's.
draft B.N. on Pharmacy.
H.M.(66)69 and Report on Hospital Supplies Organisation.
H.M.(67)87 - Residential Accommodation for Staff.

File Ref. J/H189/40

General Principles

When the arrangements for this special project were originally being made, the Regional Board accepted responsibility for planning and executing any consequential works that might prove to be necessary on other hospital sites within the group or area. This was confirmed when the project team's draft Statement of Need (BB 70 or 75) was being considered and accepted at the end of 1967.

In preparing that Statement the team, following one of the cardinal principles of their brief, had carefully examined from the viewpoint of continuing usefulness all those services and facilities which were already available to the catchment area. The objective was to ensure that the on-site capital works were kept at the most rational level.

There was no desire to influence regional planning policy to a greater extent than was necessary for this immediate purpose. Nevertheless it was clear that a number of supporting functions - mostly on the "industrial" side - could be wholly or partly off-sited because:-

(a) close physical relationship with the patient-care functions of the hospital was not essential; and/or

(b) there was greater efficiency and economy to be found in large-scale operation, i.e. in making them serve - from the most convenient location - a number of hospitals over a fairly wide area.

The Purpose of this policy document is to outline certain features of the off-sited supporting services, which have an effect on the necessary "area" planning by the Regional Board; also to relate these features to the whole-hospital policies which are fully described in Part II. Other data may be added as the planning progresses.

Laundry (& Boiler House)

There is an existing area laundry at St. Mary's Hospital for which an adequate steam supply should continue to be available from the adjacent boiler house. With certain additions and improvements it can handle the net extra load generated by the new d.g.h.

Assessment of Need (see Regional Engineer's report of April '68 and notes of subsequent discussions)

Hospital	Present		Future	
	Beds	Pieces/Wk.	Beds	Pieces/Wk.
New d.g.h.	-	-	540	34,510
W. Suffolk Gen.	246	13,905	-	-
St. Mary's	143	6,588	100	4,560
Walnuttree	138	4,299	80	2,700
St. Leonard's	42	1,752	-	-
St. Barnabas	62	1,253	-	-
Thetford Cottage	12	188	-	-
Totals	643	27,985	720	41,770
	Notional Increase		77	13,785

These figures are for use as appropriate in connection with the apportionment of the upgrading costs.

Services Required

The supply and disposal arrangements for the new hospital are as described in Policy No. IID. Used linen etc. is to be sorted at ward/department level and bagged in two categories - (a) requiring special preliminary treatment, or (b) fit for normal laundering. Then the polythene bags are despatched straight to the laundry, where the category (a) items first have to be sluiced, etc. as necessary.

After full processing, the arrangements for linen repair and/or condemnation at the laundry will be much the same as those currently in force; the small sewing room in the d.g.h. supply centre is intended mainly for uniform alterations and the like.

Organisation, Staffing, etc. - these are expected to be broadly as at present. The possibility of extra shift working is not ruled out. Catering for staff and other such facilities will continue to be available at St. Mary's Hospital. For special Transport requirements, see later.

Central Sterile Supply Department

The alternatives orginally reviewed and discussed with the Board were:-

(a) Upgrading the existing small department at St. Mary's Hospital, to provide no more than a group service.

(b) Providing an area service for 2,000 or more beds by building new premises convenient to the boiler-house at St. Mary's, transfering some existing equipment, etc.; costs to be shared between the new hospital and others on an average user basis related to bed complements.

(c) Providing a sub-regional service from some other location in accordance with the Board's long-term plans.

It must be accepted that C.S.S.D's nowadays are intended to cater for upwards of 2,000 beds, and this rules out (a) above.

The preferred alternative is (c), but difficulties over the time-scale have necessitated combining it with (b). The intention is therefore to build a "temporary" area C.S.S.D. in the vicinity of St. Mary's, which may have to serve for a good many years depending on developments elsewhere, but which will ultimately be superseded by the sub-regional provision.

Service Proposed - all aspects of sterile supply and storage as generally understood; additionally, the production of sterile fluids for pharmacy, and the washing/sterilizing of babies' bottles and teats. The sterilization policy for the new d.g.h. is described in Policy No. IIB.

Note: theatre instruments are handled by the on-site T.S.S.U.

Organisation, Staffing, etc. - these aspects have still to be planned, in conjunction with the Board.

Supporting Facilities - all available at St. Mary's. For Transport, see later.

Pharmacy (part)

In pursuit of the off-siting principle a distinction has been drawn between the mainly dispensing functions of this department, which necessarily have to be carried out within the hospital complex, and the bulk storage and manufacturing side, which may be accommodated more cheaply elsewhere. Existing facilities at Newmarket Hospital are in good shape, and seem capable of being developed to provide this off-sited service on an area basis.

Need: In relation to Standard B.N. provision for a 540-bed d.g.h., space is required for the following functions:-

Bulk storage and handling.

Manufacturing and pre-packing.

Sterile products.

Quality control.

(Surgical dressings and fluids are to be covered by the C.S.S.D. at St. Mary's - see previous page).

Organisation, Staffing, etc. - as planned by R.H.B., making full use of existing staff and accommodation. Co-ordination of stores and deliveries from the different sources involved is a particularly important matter.

Associated Facilities - remainder of department is to be in the d.g.h. (see Policy No. IID). This includes the administrative H.Q., but only limited storage space for day-to-day dispensing and standby needs; the internal distribution of fluids and cylinders, for example, must be direct from the Supply Centre.

For general Stores and Transport aspects, see later.

Stores (part)

The project team's approach to the assessment of space requirements for general storage purposes is described in Policy No. IID and was conditioned by two factors:-

(a) The Board's intention to adopt an area supplies organisation, in accordance with latest recommendations. The service for the Bury group was to be based on Fulbourn Hospital.

(b) The principle of "topping-up" rounds for all normal supplies within the new hospital, using both central and local supply points as parts of the pipeline with their own built-in reserve stocks. Thus the d.g.h. supply centre could operate on a day-to-day basis and be sized for a maximum of 5 days' holding to cover holdiay weekends.

Bulk Storage and Breakdown - this function is being undertaken at Fulbourn, to serve all the hospitals in the area.

Management, Quality Control, Accounting, Advice to H.M.C's, etc.

Although the Board's proposals are not yet known in detail, presumably these functions are also to be carried out from Fulbourn, by liaison with local staff as appropriate.

Transport needs are considered on the next page.

Transport

The dispersal of supporting industrial services for the new d.g.h. in 3 separate centres which are some distance apart necessitates careful attention to the frequency and reliability of deliveries. The road system makes it difficult to envisage circular routes, but some examples of the regular journeys needed may be as follows:-

Laundry & C.S.S.D.:

	St. Mary's:	to & from	d.g.h.	(daily)
		- " -	Sudbury	(daily?)
		- " -	Thetford O.P.D.	(weekly).
Pharmacy:	Newmarket	to	d.g.h. & St. Mary's	(daily)
	d.g.h.	to	Sudbury & Thetford	(weekly?)
Stores:	Fulbourn	to	d.g.h. & St. Mary's	(daily)
		to	Sudbury & Thetford	(weekly)

Organisation:

1. It seems logical to associate the main transport H.Q. with the central stores at Fulbourn. There is no reason why this should not also serve the needs of the pharmacy at Newmarket, which is fairly close.

2. The needs of the laundry and C.S.S.D. at St. Mary's can be met by developing a subsidary transport organisation on that site, the nucleus of which already exists. Administration and staffing will require further consideration. Supporting facilities (catering etc.) should continue to be available.

3. The proximity of St. Mary's to the d.g.h. means that there should be no real need for the latter to have its own vehicle allocation.

Staff Residences (part)

This is yet another facility for which the team found it worthwhile to distinguish between that part which necessitates on-site provision and that part which should prove capable of being satisfied by other means.

A detailed assessment of need cannot be made until the staff complements are settled.

However, orginal estimates suggested despite various imponderables, that the staffing of the new hospital was likely to generate a demand for at least 50 "housing units" from those doctors, nurses and others who may not be obliged to live within immediate call but have difficulty making their own residential arrangements in the general neighbourhood.

The 50 units could be in houses or flats, comprising a flexible mixture of two and three-bedroom layouts - as described in B.N. No. 24, for example, and as may quite commonly be found in council housing programmes.

Approaches were therefore made to the local Council, and despite a number of snags it has finally been agreed that accommodation of this type can be provided through their regular programme, on a housing site only a short distance away from the new hospital. The first units should become available in 1970, and the H.M.C. will then be able to allocate them to staff being recruited as part of the preparations for commissioning.

On-Site Provision of b.s.r./flats for trainee nurses and a limited number of essential staff is described in Policy No. IIF.

Finance

Mechanical accounting and increasing use of computers make the management of the hospital's financial affairs readily susceptible of centralisation on area or sub-regional basis. In fact such a development has already taken place in the E. Anglian region; a joint finance department at Newmarket serves the W. Suffolk and two other Groups, and this is recognised in the d.g.h. planning.

Need: should be on balance only marginally different from that of the existing Group. There are to be rather more beds and staff in total, but fewer subsidiary units requiring individual attention.

Organisation and Staffing - presumably much the same as at present, but may be subject to review in due course.

Supporting Facilities (see also Policy No. IIH) - the d.g.h. design includes an office for the Group Treasurer which can be reallocated if ultimately not required.

It is expected that a branch office of a commercial bank will be opened in the concourse, facilitating payment of salaries by cheque and other accounting matters.

Cash payments of wages, attendance of auditors, etc. may require the temporary allocation of a committee room or other suitable accommodation.

Final "Best Buy" Planning Policy No. 1B

OFF-SITED SUPPORTING SERVICES, FRIMLEY

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References:

B.N.No. 25 - Laundry (under revision)
H.M.(67)13 and Report on C.S.S.D's.
Draft B.N. on Pharmacy
H.M.(67)87 - Residential Accommodation for staff.

File Ref. J/H189/44

General Principles

When the arrangements for this special project were originally being made, the Regional Board accepted responsiblity for planning and executing any consequential works that might prove to be necessary on other hospital sites within the group or area. This was confirmed when the project team's draft Statement of Need (BB 70 or 75) was being considered and accepted at the end of 1967.

In preparing that Statement the team, following one of the cardinal principles of their brief, had carefully examined from the viewpoint of continuing usefulness all those services and facilities which were already available to the catchment area. The objective was to ensure that the on-site capital works were kept at the most rational level. There was no desire to influence regional planning policy to a greater extent than was necessary for this immediate purpose. Nevertheless it was clear that a number of supporting functions - mostly on the "industrial" side - could be wholly or partly off-sited because:-

(a) close physical relationship with the patient-care functions of the hospital was not essential; and/or

(b) there was greater efficiency and economy to be found in large scale operation, i.e. in making them serve - from the most convenient location - a number of hospitals over a fairly wide area.

The Purpose of this policy document is to outline certain features of the off-sited supporting services, which have an effect on the necessary "area" planning by the Regional Board; also to relate these features to the whole-hospital policies which are fully described in Part II. Other data may be added as the planning progresses.

Laundry (and Boiler-House)

There is an existing area laundry at Farnham Hospital for which an adequate steam supply should continue to be available from the adjacent boiler house. At first it was thought that with reasonable additions and improvements this could handle the net extra load generated by the new d.g.h.

However, fuller investigation by the Board, taking in also future developments at nearby Guildford, showed that the construction of a new laundry with modern machinery would be more worth-while. For purposes of cost apportionment the following figures may be relevant:-

Hospital	Present		Future	
	Beds	Pieces/Wk.	Beds	Pieces/Wk.
New d.g.h.	-	-	554	35,540
Farnham	221	12,620	190	8,000
Trimmers	31	1,860	-	-
Green Lane	64	3,040	-	-
Aldershot	66	5,110	-	-
Northfield	54	2,920	-	-
Farnborough	38	3,030	-	-
Frimley & Camberley	46	3,510	-	-
Yately	15	900	-	-
Fleet	33	1,980	30	1,200
Totals	568	34,970	774	44,740
	Notional Increase		206	9,770

Services Required

The supply and disposal arrangements for the new hospital are as described in Policy No. IID. Used linen is to be sorted at ward/department level and bagged in two categories - (a) requiring special preliminary treatment, or (b) fit for normal laundering. Then the polythene bags are despatch straight to the laundry, where the category (a) items first have to be sluiced, etc. as necessary.

After full processing, the procedures for linen repair and/or condemnation are carried out entirely at the new hospital, where the Supplies Officer is based and the supply centre includes complete sewing room facilities.

Organisation, Staffing, etc. - Variations of the existing arrangements have still to be determined. Catering for staff and other such facilities will continue to be available at Farnham Hospital.

For associated services (C.S.S.D. and Transport) see later pages.

Central Sterile Supply Department

The sterilisation policy for the new hospital is described in Policy No. IIB.

In the original appraisal of alternative methods of providing the C.S.S.D. service from an off-site location, it was thought that the existing premises at Farnham Hospital, in the laundry/boiler house complex, were not really suitable for upgrading. However, this might still have been done as a last resort, if the time-scale for relevant developments elsewhere in the area had proved unsuitable.

As mentioned in regard to the Laundry, these other developments would mostly be at Guildford. There might be advantages in associating the area C.S.S.D. with that new hospital, probably eliminating the need for a separate T.S.S.U., but this could not come about for a number of years and Farnham urgently needed a proper service.

Eventually, therefore it was decided to have a new area C.S.S.D. from the start, associated with the new Laundry proposed for the Farnham industrial site; detailed planning is now under way on this basis. In addition to the customary services, the C.S.S.D. will cover the preparation of sterile fluids and other products for the Pharmacy, and the washing/sterilising of babies' bottles and teats.

N.B. Theatre instruments are handled by the on-site T.S.S.U.

Organisation, Staffing, etc. - these aspects have still to be planned, in conjunction with the Board.

Supporting Facilities - mostly available at Farnham, but bulk stores will be located at the d.g.h. For Transport see later.

Pharmacy (part)

Although the majority of pharmacy functions are being associated with the group stores at the d.g.h. (see Policy No. IID), there are a few which can legitimately remain at Farnham, where the existing department will continue in use, serving the hospital and o.p.d. In association with the C.S.S.D., therefore the following functions are to be provided at Farnham:-

Sterile products, topical fluids and surgical dressings.

Quality control laboratory.

Management rests with the Chief Pharmacist at Frimley. Co-ordination with Supplies and Transport Officers is likely to be an important feature.

Transport

It is clear that the road between Farnham and Frimley must be regarded as the communications axis of the Group, the two poles being:-

South - the laundry/boiler house/C.S.S.D./part pharmacy complex which necessarily originates a good deal of transport demand in relation to the group and area services it provides.

North - the group stores and pharmacy head quarters at the d.g.h., providing services to Farnham and Fleet and requiring some regular transport facilities for this purpose.

On balance it seems preferable that the transport head quarters should remain at Farnham, with subsidiary allocation to Frimley (where no special garage, etc. accommodation is being provided - see Policy No. IIC).

Organisation, Staffing, etc. - these matters still have to be resolved in discussion with the Board. Supporting facilities (catering, etc.) will continue to be available at Farnham.

Finance

Mechanical accounting and increasing use of computers make the management of the hospital's financial affairs readily susceptible of centralisation on area or sub-regional basis, and this type of development seems likely to be effected in S.W. Metropolitan region within the next few years. The d.g.h. design therefore does not include an Accounts Department. In the interim it is intended to use offices at Farnham which are being vacated when the Group administration is transferred to the d.g.h.

Need: the workload represented by increased totals of beds and staff for the Group may be partly offset by the reduction in number of separate units to be dealt with; the net effect seems likely to be quite small.

Organisation and Staffing - presumably much as at present, but subject to further consideration.

Supporting Facilities - as indicated in Policy No. IIH the d.g.h. design includes an office for the Group Treasurer, along with other group officers, but its actual use may be varied if necessary.

Provision is also being made for a commercial bank to open a branch office within the hospital; if this came about it would facilitate payment of salaries by cheque and other accounting matters.

Cash payments of wages, attendance of auditors, etc. may require the temporary allocation of a committee room or other suitable accommodation.

Staff Residences (part).

This is yet another facility for which the team found it worthwile to distinguish between that part which necessitates on-site provision and that part which should prove capable of being satisfied by other means.

A detailed assessment of need cannot be made until the staff complements are settled. However, original estimates suggested despite various imponderables, that the staffing of the new hospital was likely to generate a demand for at least 50 "housing units" from those doctors, nurses and others who may not be obliged to live within immediate call but have difficulty making their own residential arrangements in the general neighbourhood.

The 50 units could be in houses or flats, comprising a flexible mixture of two and three-bedroom layouts - as described in B.N. No. 24, for example, and as may quite commonly be found in council housing programmes.

Approaches were therefore made to the local Council, and despite a number of snags it has finally been agreed that accommodation of this type can be provided through their regular programme, on a housing site only a short distance away from the new hospital. The first units should become available in 1970, and the H.M.C. will then be able to allocate them to staff being recruited as part of the preparations for commissioning.

On-Site Provision of b.s.r./flats for trainee nurses and a limited number of essential staff is described in Policy No. IIF.

Final "Best Buy" Planning Policy No. IIA

ACCESS AND COMMUNICATIONS

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Definitions: front of hospital - that elevation which contains the main patient entrances, i.e. nearest the public highway.

left or right sides - as seen from front.

hospital streets - the internal "ring main" corridors on each floor which surround the central core for transit by all traffic to all departments.

General

A separate description of the Development Plan and Departmental Relationships (Policy No. IIL) will conclude and round off this set of whole-hospital policies. The set is meant to be taken as a whole. It is therefore starting with Access and Communications not because of any priority in planning, but because these subjects are likely to be of abiding interest to the local staff and patients when they are familiarising themselves with their new hospital in its new location.

The movement of people and goods of all kinds is one of the major supporting functions, which has a bearing upon most of the departments and services to be described in later Policies. However, the risk of allowing it to absorb an unreasonable proportion of cost must be guarded against as planning proceeds.

Communications are referred to here in the spatial sense, i.e. in regard to the actual areas allowed for movement throughout the hospital. For communications which involve mechanical or electrical engineering, see Policy No. IIB. For communications which involve the information or portering services, see Policy No. IIH.

The Purpose of this document is to describe the most economical means by which vehicles or individuals having business within the hospital can approach and enter the precinct and then be brought to the department or service required. There must be proper safeguards against unauthorised entry. Departures from the building must also be covered, under both normal and emergency circumstances (e.g. in case of fire).

References: H.B.P.N. No. 5.
Compendium of Hospital Building Assemblies.
Hospital Building Bulletin No. 5.
Hospital Design Note No. 2.) Fire Precautions.
" Technical Memorandum No. 16.)

Site Locations and Main Features

The factors which influenced the choice of these sites fall mainly on the development side, and are to be described in Policy No. IIL. Their implications with regard to access and amenity, in relation to the two catchment areas, can be summarised as follows:-

Bury St. Edmunds

This is the county town in the heart of West Suffolk, a predominantly scattered and rural catchment area with few other sizable communities at present, although Thetford in the north and Sudbury in the south are London overspill areas. The town is the natural focus of roads and bus routes, with distances averaging 12-15 miles to the perimeter. The railway line from Cambridge to Ipswich also crosses from west to east. The existing hospital (West Suffolk) is quite near the centre of the town, and well integrated into the community.

The new hospital site is on the southern outskirts, in a neighbourhood which is part parkland but otherwise still in process of being built up, both by the Council and privately. There is a direct road link with the old site only ½ mile or so away, where some geriatric accommodation and staff residences will continue in use. Road access for cars and ambulances should be quite convenient, and bus services can be expected to improve as the locality develops. Some staff members may be accommodated in council flats just across the park.

Frimley

The catchment area was rather arbitrarily defined, taking in a number of separate communities and local authority districts, without an obvious focal point for communications, etc. It extends about 10 miles from north to south along the line of the A325 and railways; Aldershot is about the mid-point, but not the most convenient locality in which to find the type of site required. The main existing hospital (Farnham General) is towards the south of the area, but there are several small cottage hospitals elsewhere, and the public transport service is perhaps not a major factor at present. When the new hospital is established in the northern part of the area and the smaller ones are closed, public transport routes and services will need reviewing; for example, particular attention must be paid to accessibility from the western fringe of the area.

The new site is on the eastern outskirts of the neighbouring townships of Camberley and Frimley, and is bounded as follows:-

N.W. - proposed M3 motorway, now under construction.
N.E. - a recent private housing estate.
S.E. - the Portsmouth Road (A325) with some open ground beyond.
S.W. - Frimley Park Cadet Training Centre; also a proposed council housing estate.

Some staff members may be accommodated in flats/houses on the council estate. In regard to these, and the on-site residences, special consideration of the motorway noise factors is mentioned in Policy No. IIB. Positive measures may be needed to integrate the new hospital and its staff into the local community.

Grounds and Gardens

Each of the chosen sites is roughly rectangular, over 20 acres in extent, and has its shorter side fronting the public highway. The orientation of each hospital was fixed by this, and differs considerably, necessitating some care in making the same design suitable for either location.

At Bury the main entrance frontage faces N.N.E.
At Frimley " " " " S.E.

At Bury the terrain is heavily wooded, at Frimley only a little less so; in both cases as many of the mature trees and shrubs as possible are being preserved to enhance the appearance of the site. This is expected to be complemented by the careful treatment of the internal courtyards and terraces.

Gardening

The organisation within the two H.M.C. areas follows the current pattern of a nominal group service and administrative control from group h.q., but is carried out on a unit basis as appropriate to the varying needs of the different hospitals, with delegated day-to-day management being the responsibility of individual hospital secretaries.

In each group the scope of gardening activities varies: from routine maintenance of beds, shrubberies, lawns etc. by a part time gardener/porter, to plant propagation as is found in the long-stay hospitals of the West Suffolk group.

Gardening services for the new d.g.h. should work to a planned programme for upkeep of the various inner courtyards and surrounding grounds as prepared by the landscape architects, the emphasis being placed on simple maintenance. In that programme the architects must indicate the type of planting proposed, e.g. for screening, shelter, ground cover and so on, with lists of new plants, also drawing attention to special treatment or equipment needs.

Special attention must be given to the landscaping of those courtyards which are intended for use of staff and visitors (see later page) and to the garden terrace outside the geriatric unit where simple maintenance by patients could be of therapeutic value (see Policy No. IIIE).

Outdoor furniture and fixtures are carefully chosen from the Compendium to suit the overall scheme.

Equipment - major equipment is naturally a group item, loaned out to other hospitals when the need arises and conveyed by group transport. Items such as a tractor or gang-mower are kept in the builders yard of the supply centre. The gardener must have his own accommodation for small tools and sundries.

Public Access to Precinct

Both sites adjoin public highways. At Frimley, the Portsmouth Road (A325) is already busy and likely to become more so. The local authority has made tentative proposals for a roundabout to be built close to the single hospital entrance/exit at the southern corner of the site.

At Bury the Council has started to upgrade the present country lane (Vinery Road - Hardwick Lane) to the standard thought necessary for the increased traffic generated by the new hospital building and nearby residential development, public and private. This upgrading will include a limited double carriageway along the hospital frontage, with separate entrance to and exit from the precinct and slip lanes for turning traffic.

Whatever arrangements may be finally agreed with both the local highway authorities, they must ensure unimpeded access to the precinct at all times for ambulances, cars and other vehicles.

Pedestrians - at Frimley a separate entrance may be included, possibly in conjunction with a bus layby just outside.

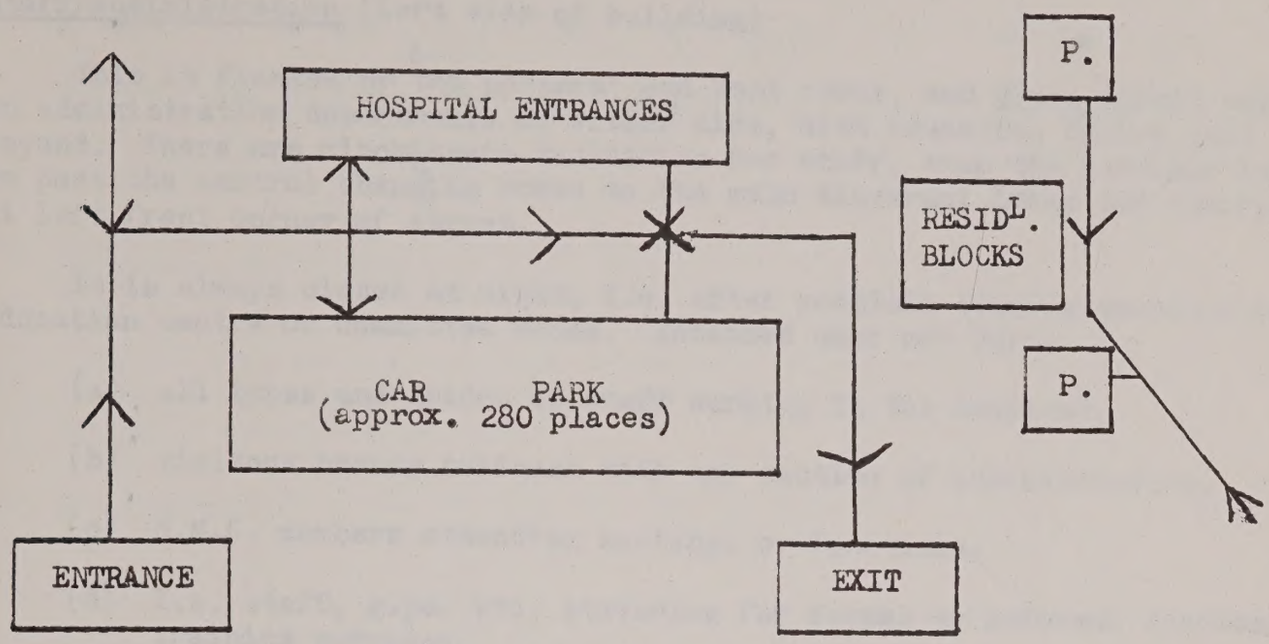
At Bury this layby is a firm proposal, necessitating a separate entrance; in addition there are entrances elsewhere on the eastern perimeter for pedestrians approaching the site by footpaths from other recognised directions, e.g. the public park and housing estate.

There are no main gates, porter's lodge or any form of traffic control at the main entrance to the site. A reporting point which will be staffed at all times of day and night is situated just within the Accident and Emergency entrance to the hospital building.

Privacy - there is no intention of trying to keep the grounds private by a continuous high fence all round the perimeter, as this would be expensive and not very effective without eleborate night security patrols etc. The boundary of the site is delineated by whatever simple means may be appropriate, usually as prescribed in the purchase deeds. Within the site there may be certain demarcations between different areas, e.g. residential, to reduce public encroachment.

Site Roads and Car Parks

Bury - a one way system operates in the forecourt of the hospital, and a two way road leads to the supply centre at the rear, as follows:-



(the residential area has its own separate entrance and roadway, which is in fact a right of way to private property at the rear of the hospital)

Frimley - a two way road connects the entrance/exit with the 280-place car park in the forecourt, and the hospital entrances (circulation past the entrances being one way); then leads along the left side of the building to the residences and supply centre at the rear.

There are two limited rights of way applicable to this road:-

a. the private cottages to the north west of the site have direct access to the public highway.

b. army vehicles from the adjoining site (having given due notice on each occasion) are entitled to use a short stretch from one gateway to another on the north west boundary.

Both sites - visitors and non-resident staff must leave their cars in the car park and proceed to the hospital on foot. Only ambulances (or cars carrying non-ambulant patients) may actually drive up to the hospital entrances.

Resident staff have their own parking facilities in the residential area. Parking by the roadside, with risk of impeding other vehicles, must be prohibited.

Supplies and service vehicles should proceed direct to the supply centre and works area at the rear of the building.

All roads are built to normal public requirements, i.e. with footpaths where necessary, signposts and night lighting of Class B standard. Their upkeep is the responsibility of the works department, but traffic control arrangements are made by the head porter. Extra lighting is provided for entrances, car parks and other special areas.

Main Entrances to Hospital (Ground floor)

The factors which influenced the number and layout of entrances are described later, in Policy No. IIL.

Staff/Administration (Left side of building)

This is flanked by the porters' and post rooms, and gives direct access to administration departments on either side, with education centre just beyond. There are clocking-in facilities for staff, then the corridor leads on past the central changing rooms to the main dispersal lobby and staircase at left front corner of street.

It is always closed at night, i.e. after possible evening sessions in education centre or committee rooms. Intended uses are for:-

(a) all types and grades of staff working in the hospital,

(b) visitors having business with any section of Administration,

(c) H.M.C. members attending meetings or functions,

(d) l.a. staff, g.ps. etc. attending for formal or informal liaison/ training purposes.

Accident and Emergency (Left front)

There are two adjacent doorways under the same canopy, one for stretchers and the other for ambulant patients, each leading in to the joint reception counter which is constantly staffed, and to the full treatment facilities of the department.

This entrance must be opened throughout the 24 hours, and is intended also for use by telephonists (whose room adjoins the entrance) and other staff attending for night duty.

Emergency overnight admissions and maternity cases are taken via the centre lifts or staircase to appropriate first floor departments almost immediately above.

Outpatients, admissions and visitors (Centre front)

This is a canopied entrance giving on to the main reception and concourse area (see Policy No. IIK). Facilities are provided for transport officer and ambulance crews, also transport waiting space.

Day-time (booked) admissions are received here and passed on to the wards; the various outpatient clinics, including antenatal and orthopaedic, open straight off the concourse; while day patients can proceed via the streets to their attendance centres in the psychiatric and geriatric units. Patients visitors are directed to the wards on ground or first floors.

It is always closed at night, i.e. after visitors and evening outpatients have departed.

Physical medicine (Right front)

This is again canopied, and intended for use by ambulant and transported outpatients attending for treatment in physiotherapy and exercise areas, occupational therapy workshops, etc.

The entrance has own reception desk but is closed after normal working hours.

Other External Doorways

Continuing anti-clockwise round the building the following are noted (excluding the fire exits, which are dealt with later in relation to Staircases, and the Supplies Centre entrances which are covered in Policy No. IID):-

Physical medicine - access from gymnasium link to outside exercise area. This is opened only when patients can be taken outdoors in fine weather for remedial purposes; its security is thus the responsibility of the physiotherapist or other officer in charge of the exercises and games.

Geriatric day-rooms - at each end of the unit there are glazed doors giving access for ambulant patients to the garden terrace and seats, also wheelchairs can be taken outside when the weather is fine (the terrace gets morning sunshine at Frimley and afternoon sunshine at Bury). It is the nursing staff's responsibility to see that the doors are properly secured after use.

Isolation unit - the section for highly infectious cases is at the distal end of the unit, and there is an outside doorway which:-

(a) permits direct admission of the occasional patient without transit through the hospital streets,

(b) gives access to the separate sluice/disposal room when necessary, facilitating removal of highly infective material,

(c) allows patients' visitors sometimes to be admitted direct to this section without going through the rest of the unit.

The door must be unlocked only on the above occasions, and never left open for uncontrolled use. It is connected by an uncovered pathway to:-

Isolation Waiting Area - the doorway here is for occasional use as (b) and (c) above,

Mortuary- a special exit is provided just across the back street from this department to facilitate discreet loading of hearses; it may also provide a convenient entrance for:-

(a) maintenance - when ladders or the mobile platform have to be brought through into a courtyard for work at first floor level,

(b) gardening equipment (mowers etc.) to be used in the courtyards,

(c) (Frimley only) medical staff on emergency night call who may have to hurry into the hospital from their residences. The door should be locked at night but essential users can be given their own keys.

Psychiatric day centre - for use by those day patients who may prefer to enter the unit from outside the hospital rather than via the busy main entrance and left side street. It is opened every weekday during normal working hours.

Psychiatric acute ward - for occasional admission of disturbed patient direct from the ambulance to a single room, without transit through other parts of the hospital. It is unlocked only for that specific purpose, at Sister's responsibility.

Medical Records - this is an escape doorway adjoining the toilets (Rm. 8/10).

Security and Key-Mastering of Doors

As already indicated, the basic responsibility for seeing that outside doors are closed and fastened after use rests with the staff on the spot. Some specialised aspects (e.g. safeguarding of stores and dangerous drugs) are dealt with later in the appropriate Policies.

Administrative responsibility for the whole subject is exercised mainly through the Head Porter and the various security patrols - see Policy No. IIH. To facilitate their task the door-fastening, etc. arrangements have been standardised as follows.

All External Doors

These are to be fitted with pull handles and overhead concealed closers. For main entrances there is also a check to hold open at 90°. In the case of double-leaf doors, one leaf is provided with flush bolts, leaving just a single leaf as elsewhere for locking purposes. Where there is a double bank of doors enclosing a draught lobby, only the outer set are required to be lockable.

The requirement of preventing unauthorised entry to the building, but without hindering emergency (fire escape) egress, is being met by the installation throughout of Fire/Security Deadlocks. These are a special type of fastening which can be released from the inner side simply by turning a knob, but when locked again by returning the knob cannot be opened from outside except by using a key.

A grand master key is applicable to the whole range of external doors.

Courtyard Doors

Although a somewhat lower level of security would probably suffice, it is thought to be more convenient to adopt the same installation as above for these doors as well.

Fire Escape Doors (other than above)

These are to have security deadlocks, also lever handles internally and externally, with a latch.

Departmental Sub-Mastering

This is applicable to those external doors which are provided for specific departmental use, e.g. Psychiatric Unit, Mortuary, Stores/Works (including switchrooms, etc.), Isolation Unit, Geriatric Unit, Physical Medicine, and Childrens Unit (balcony).

Streets and corridors

The optimum use of communications areas is largely dependent upon the relationships between departments, as described in Policy No. IIL. The linear type of design means that the wards and most departments have rather long, straight internal corridors for circulation purposes.

For departments in the "core" (Zone B) these corridors may have to open directly off the streets, but there is usually some kind of entrance lobby/ reception area.

The run of corridors in the peripheral bands of wards/departments on each floor is mostly uninterrupted, to encourage flexibility of use. Nevertheless they are not intended for regular through traffic. Inter-communication should be by means of the streets, to which each unit is linked by a short access corridor.

In most of these links there are reception, waiting and general service areas. The latter usually represent the limit of travel into the unit for the supply and disposal floats which circulate round the streets, a system which suits the convenience of most users as well as the operators.

In a few instances, however, mostly on the ground floor but including the central I.T.U. and Labour Suite upstairs, it is necessary for the floats to serve internal supply and disposal points, which means that the rounds should only be timed for quiet periods. These cases are listed, with reasons, in Policy No. IID.

Internal Doors

In corridors and streets the doors may be of either single or double-swing type, key-mastered as appropriate, and with twin leaves capable of being held open for heavy traffic. Their types and locations are dependent on the following considerations:-

(a) The desirability of enabling certain depts. to be self-contained for admin. and security reasons.

(b) In ward areas, the need to delineate normal spheres of nursing responsibility and general bed allocations.

(c) The "compartmenting" of the whole building for fire risk control.

(d) The expected volume and direction of traffic flow.

The streets are uniformly 9'4" in width, of identical pattern around the "core" on each floor, allowing easy transit between depts. for all types of pedestrian and wheeled traffic. Communication between the floors is described on next page.

It would obviously be desirable to allow an uninterrupted circuit of the streets, but this does not conform to fire control regulations. Doors have therefore been installed at about 200 ft. intervals, with the front staircase lobbies constituting separate "compartments" in this respect. The doors are automatically held open during the day, by a method which provides for immediate release in case of fire.

Connections Between Floors

Ramps - These link the supply centre with the rest of the hospital and have a maximum gradient of 1 in 12. They feature in both the horizontal and the vertical communications systems, providing for each floor a direct pedestrian and vehicle access to the supply and work departments. With minor exceptions they are also used for all goods traffic between floors, whether this involves the supply centre itself or not; examples of the latter are transporting beds and ward furniture to and from the cleansing unit or bulk food supplies direct from the kitchen to the ground floor wards. This is also the route taken by the special trolleys from wards to the Mortuary.

Staircases - these are provided for general use and located close to each corner of the streets. The ones at the front corners include waiting lobbies. As those at the rear must also serve as fire escape stairs, there are lockable non-return doors to the outside of the building at ground level.

Other fire escape stairs as appropriate are provided around the perimeter of the building, with lockable non-return doors giving access to them from the ends of corridors (for additional circumstances applicable in the case of the childrens ward see policy No. IIIC).

A further internal staircase is included at the end of the central concourse, giving direct connection to the main treatment rooms and day beds. There is also a special staircase connecting the street outside staff dining room to the lounge below.

Lifts - these are centrally-placed at the end of the concourse. The assessment of need indicated that two bed/passenger lifts, each capable of carrying up to 25 persons, should be quite sufficient for normal and standby purposes. The lifts are not intended for use by staff or any kind of goods traffic. In a two-storied design only the following factors needed to be taken into account:-

(a) rapid transfer of accident and emergency admissions to the short stay beds and operating department (spasmodic, day or night)

(b) transport of non-ambulant patients from wards to X-ray, pathology and physical medicine (regular, daytime, but fairly limited); also perhaps to the chapel (very occasional).

(c) transport of some patients' visitors who may be unable to walk upstairs - say a maximum of 50 people at a time.

Hoists - The design has facilitated the inclusion of two small hoists for special catering purposes. One connects the kitchen still-room with the servery in the staff lounge directly below, so that beverages can be easily provided for all staff at the prescribed times. The other connects the snack bar servery with the pantry in the day-bed unit directly above, so that short-stay patients can be served with any snacks or beverages they may require during recovery.

The specifications for the lifts and hoists are given in Policy No. IIB.

Internal courtyards

The main purpose of the courtyard-type design (see development plan) is to make the fullest possible use of natural lighting and ventilation for all occupied areas.

However the amenity value of the internal gardens or patios which have thus been created is only slightly less important. They give the inner rooms of the building an outlook which compares quite well with that from the perimeter rooms. Furthermore during fine weather the occupants of ground floor departments are able to go into certain of the courtyards which are directly accessible and suitably paved for this purpose; the departments concerned are:

- psychiatric unit; in this area the patients themselves may do some of the gardening.

- o.p.d.; patients can use the court as an outdoor extension of the waiting area in the concourse, and there may also be access from snack bar into the court on the other side.

- staff lounge; there is one court directly adjacent and one across the street, for use by staff during rest periods.

- education centre; for breaks between lectures, etc., one court is entered from the nurses' general assembly area and another from the medical staff lounge.

Works access to courtyards - unrestricted access for gardening and maintenance purposes is provided from the street to nearly all the courtyards; in the case of the following, however, such access during normal hours can only be obtained by arrangement with the head of the department.

- psychiatric unit; entered through day/dining area.

- orthopaedic clinic; entered through patients' waiting area.

- o.p.d.; entered through concourse waiting area.

- physical medicine; entered through patients' waiting area.

Flat roofs - the single storied areas on the ground floor create internal flat roofs at first floor level, i.e. over the psychiatric centre (part), over the concourse, over pathology reception and over the geriatric unit link corridor. Access to these areas for maintenance purposes presents no special problems.

However, one or two cases are different; for example the roof adjoining the staff dining room which is used as a secondary exit to the street, where it is necessary to provide safety railings and various decorative features (shrub-tubs etc.) positioned in such a way as to screen the I.T.U. from being overlooked. Amenity treatment of this kind may also be considered for other first-floor terraces.

Final "Best Buy" Planning Policy No. IIB

BOILER PLANT AND ENGINEERING SERVICES

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N.B. Kitchen and Snack Bar; the services for these areas are wholly dealt with in Policy No. IIE.

Definitions:

Planned Preventive Maintenance - the system of regular inspection and repair of all engineering installations and equipment in accordance with an annual programme.

Present Worth - a method of evaluating planning options which takes account of both capital and revenue costs over a suitable period.

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General

The Engineering Services are designed, in conjunction with the building works, to:

- regulate all the environmental conditions within the hospital, affecting the comfort and well-being of its occupants.

- contribute to specialised aspects of patient care and treatment;

- play their part in the due functioning of other supporting departments and services;

- conform to the statutory requirements of local authorities and other public bodies.

- meet the criteria of "present worth" economy and ease of maintenance.

- require duplicate or standby provision only in cases where breakdown would impair a vital hospital service.

Purpose of this document:

- To describe the main engineering features of the hospital in such terms as the average person should be able to understand (the expert is referred to the full technical data in the contract Specification), and in sufficient detail to serve for reference purposes in the compilation of subsequent policy documents. The numerous options which had to be evaluated in the course of planning are described in Report BB3.

References. Hospital Building Notes, Design Notes and similar guidance material, including the I.H.B. Compendium.
Technical Memorandum No.16 on Fire Precautions.
Technical Memorandum No.17 and associated commissioning manuals.
Project Team Report BB2 on Fuel Selection, Boiler Houses, etc.
Project Team Report BB3 on Evaluation of Planning and Design.
Project Team Report BB4 on Wind Tunnel Tests.
Hospital Year Book, Section 18 - Communication Systems.
Draft T.M. on Telephone Installations.

Boiler-House Installations

Need was determined by reference to the following factors:-

(a) The off-sitting of major steam users (see Policy No. I) meant that only the space heating and hot water requirements of buildings on site were involved; water was clearly the preferred transfer medium.

(b) Preliminary calculations indicated a maximum overall co-incident load (winter morning) of 17 m B.T.U's per hour, with minimum (summer night) load which might go as low as 1.5 m B.T.U's per hour.

(c) Locating the boiler plant as close as possible to the thermal centre of the load, in conjunction with the zoning of departments as described in Policy No.IIL, offered considerable economies. In the case of coal-fired plant, however, noise considerations would have required it to be sited quite some distance away from the main building.

(d) Staffing requirements for maintenance and attendance.

"Present Worth" Evaluation of a wide range of alternative combinations of fuel types, water pressures, boiler sizes and boiler-house locations is fully described in Report BB2.

Preferred Design Solution in the light of all the above considerations:-

- four separate roof-top boiler houses are provided, one at each corner of the "core", over the staircases for structural strength.

- each contains a l.p.h.w. boiler rated at 6m. B.T.U's per hour, all fully interlinked so that even at maximum load one can remain on standby and at minimum load any one of them will suffice.

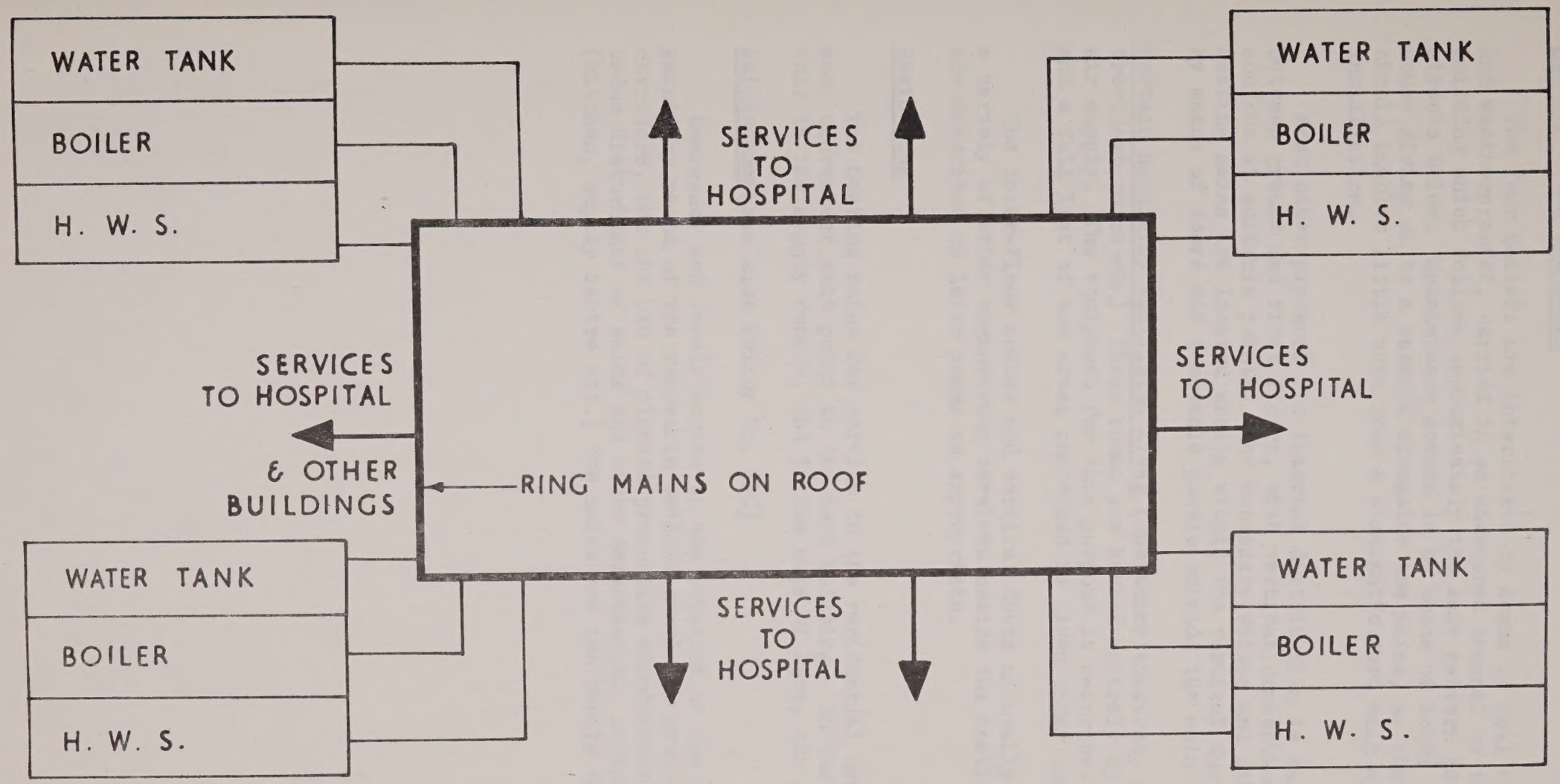
- the boilers are completely automatic in operation, with alarms and emergency safeguards, requiring only about $1\frac{1}{2}$ hours' attendance per day for maintenance purposes (see Policy No. IIC for staffing). Access is provided from the staircases and catwalk.

- the boilers are designed to be fired by natural gas, but capable of burning light fuel oil (from bulk storage at ground level) at times when the gas supply may be interrupted.

- the chimneys are of a sufficient height to ensure that combustion products are carried clear of the hospital buildings and residences. Wind tunnel tests have established this height at 80 ft. above ground level.

- each boiler-house also contains two calorifiers for storage of domestic hot water.

The roof-top services are illustrated in the diagram on the next page.



FLOW DIAGRAM OF HEATING & DOMESTIC WATER SERVICES FROM ROOFTOP BOILER HOUSE COMPLEX

Heating Mains and Ducts

The four boilers are interlinked by means of dual 6" mains, insulated and weatherproofed, carried in an uncovered channel on the roof of the building which follows approximately the same pattern as the hospital streets below. Maintenance access is by means of doors from each boiler-house giving on to a catwalk alongside the mains, so that daily inspection should involve little more than a straightforward walk around this rooftop installation.

Most other pipework for internal distribution is carried in the void between ground and first floors, with vertical connections to the heating sources at suitable points. The necessary valves and other controls for the heating mains are located wholly within the vertical ducts, readily accessible by means of doors and removable panels outside the main user areas.

Certain Specially Ventilated Areas (operating theatres, central and other tr treatment rooms etc.) These rooms are heated entirely by means of the input air supply. The equipment for this purpose is described on the next page, and a full list of the areas concerned is given under the Ventilation heading.

The inter-floor spaces and vertical ducts naturally serve to accommodate a variety of other engineering services beside the heating mains; these too are described on later pages as appropriate.

Residences

The heating mains for service to the residential area are run from the most convenient exit point in the main building. In the case of Frimley this is the supply centre, and in the case of Bury, the gymnasium.

Maintenance (see also Policy No. IIC)

Emergency and repair access to the pipework in the interfloor space is gained by means of the removable ceiling panels in ground floor rooms and corridors, but the use of planned preventive maintenance should guard against undue disturbance of wards and other departments. In industrial-type areas (kitchen, supply centre etc.) the mains are run wholly on the surface.

Space Heating

The heat transfer medium is treated water, coming from the boilers at a temperature of about 185°F and pumped at low pressure through the network of mains and pipes to all user areas, involving an estimated maximum circuit temperature drop of 30°F. This is comparable with the system commonly used for domestic heating installation.

Methods of Heat Emission vary according to requirements, and comprise the following:

- Standard radiators, sized according to load, placed beneath the outer windows in most occupied areas.

- Simple heating coils extending below the clerestorey windows.

- fan assisted convectors serving the large open spaces such as waiting areas and main entrances.

- Unit heaters, working in a similar manner to the convectors, mounted overhead in storage etc. areas which may lack windows and/or clear wall space.

- Heater batteries incorporated in the ventilation and air conditioning systems.

- Towel rails (heated by the domestic hot water system) in bathrooms, showers, etc.

N.B. Although many ground floor areas have false ceilings these do not feature in the actual heating system.

Thermostatic Controls

As environmental warmth is such an important feature of the hospital's daily life, but at the same time so subjective and dependent on varying needs (e.g. as between patients and staff), the design must necessarily aim to suit the comfort of the great majority rather than the extremist preference. The building is therefore divided into a number of separate zones for heating purposes. Within the various heating zones local temperature control is provided as necessary, but the thermostic valves are mostly of a tamper-proof type to avoid arbitrary regulation by individuals.

The system incorporates weather detectors, mixing valves and pumps, and is adjustable to take account of special requirements in areas such as administration and o.p.d. which are largely unoccupied at night-time and weekends.

The air heater batteries (see above) are controlled by diverter or mixing valves and/or thermostats installed within the air space or appropriate extract duct, with low-limit thermostatic control in the air input duct.

Supplementary Heating

Certain areas may have supplementary heating, either because the main system cannot economically provide the higher temperature which is sometimes needed or else because it is generally cut off during summer months; for this purpose other recognised means are available, such as the "switch-on" fires in the staff residences and other types of electric heaters.

Domestic Hot Water; Steam for Sterilization

Each pair of calorifiers serves the needs of an appropriate zone of the hospital with water at approx. 150°F pumped through a network of copper or stainless steel pipes to all user fitments. The residences have their own separate calorifier.

Fitments using hot water (as well as cold) are of the following types:

- Domestic baths for general use.

- Free-standing baths with supporting rails etc. for treatment bathrooms.

- Bidets in selected areas.

- Showers with thermostatic mixer valves, some being capable of use by patients in wheelchairs.

- Shampoo sprays in the hairwashing rooms.

- Domestic washbasins, some possibly incorporating spray nozzles.

- Medical washbasins with elbow taps, etc. again possibly having spray nozzles.

- Laboratory sinks with special fittings.

- Domestic sink-drainer units (stainless steel).

- Sluice-sinks incorporating plaster trap in waste outlet.

- Bucket-sinks (low level) in cleaners' rooms.

- Washing machines and sinks in residences.

Sterilisation Principles

The major demand for steam is related to the needs of the Laundry and C.S.S.D., and it was decided at the outset to provide these services in association with the existing boiler-house on another site.

Residual need within the hospital were then carefully reviewed, to avoid unnecessary steam generation and to make full use of the C.S.S.D. facilities. As a result, the function of cleaning and sterilizing babies' bottles has been allocated to the C.S.S.D., but other such functions which must remain on-site are:

T.S.S.U. - because taking the theatre instruments off-site seemed to necessitate greatly increased stocks.

(N.B. also, items requiring low temperature/formalin treatment).

Pathology - specialised requirements for laboratory equipment and glassware.

Pharmacy - occasional (emergency) need for some sterile preparation work.

In all these cases the local equipment includes own facilities for steam generation, with extract ventilation as appropriate.

Cold/Drinking Water and Fire Mains

In the roof of each boilerhouse there is a 19,000 gal. storage tank; the four tanks are interconnected to give a total supply of 76,000 gallons, equivalent to over 24 hours' estimated consumption. Plastic pipework carries this to all user fitments, as described on earlier and later pages. Scale-inhibiting solution is injected into the main supply before it rises to roof level.

The possibility of using bore-holes as an alternative to Water Board supplies at Bury was not dismissed without careful evaluation - see Report BB3.

The residential accommodation has its own storage, served from the site mains.

Drinking Water is piped throughout the building to draw-off taps wherever needed, either directly from the rising mains or indirectly from the roof storage tanks, which are suitably protected to keep the water palatable.

Boiler Points for the bulk service of beverages in ward areas (see Policy No. IIC) are equipped with instantaneous electrical water-boilers, quite independent of the service described on previous page. They are also provided with local extract ventilation.

Fire Fighting Hydrants

These are installed on the incoming main to suit the recommendations of the local authority's fire prevention officer. Hose-reels within the building are served by the rising mains to roof storage tanks.

Sanitaryware, Drains and Externals (including Lightning Protection)

To complete the list of toilet and disposal fittings, the following types are installed wherever appropriate:

- Pedestal w.c. pans (small sizes for children) with concealed dual-flush cisterns.

- Slab urinals in male w.c's.

- Pedestal slop-hoppers with hot and cold taps and flushing system.

- "Sluice-Masters" in selected areas (for disposable bedpans, etc.)

- "Waste-Masters" in the two main catering areas.

Soil Drainage

For appliances discharging hot water above 150°F metal pipes are used; otherwise, soil and waste drainage is collected by P.V.C. pipewirk and fittings. The "single stack" system of drainage consists predominantly of vertical pipe-runs (in ducts) discharging into cast iron drains below the floor slab within the building line.

Outside the building vitrified clayware conveys the effluent into the local authority's sewer.

No special arrangements are necessary in connection with the disposal of radioactive waste from isotope room (Pathology) into the main drainage system.

Rainwater and Surface Drainage

P.V.C. pipework and fittings are used to collect the surface water above ground and convey it into cast iron drains below the building, then into an earthenware external system. Final discharge is as follows:-

Bury - on-site soakaways (local and river authority requirements).

Frimley - by special arrangement with Ministry of Defence, into the lake on their adjoining property.

Lightning Protection

After thoroughly reviewing the possibilities it was decided to integrate this into the structure of the hospital, using the aluminium roof-edging with down-tapes and earth conductors as necessary.

Mechanical Ventilation and Air Conditioning (Need)

Types: (a) Simple extract, 6-12 air changes per hour.

(b) Input only, warm filtered air, 6-10 air changes per hour.

(c) Input/extract at suitably balanced rates.

(d) Air conditioning, including such refrigeration as may be required.

Need. In the interests of "present worth" economy as well as amenity the fullest possible use is made of natural ventilation, with openable windows and clerestoreys as described elsewhere. Nevertheless there are some areas in the hospital where mechanical ventilation has to be provided, according to certain criteria and these are as follows:

1. Complete control of environmental conditions and cross-infection risks demands sealed windows and type (d) provision for:

- Operating theatres (all six)
- The highly infectious section of the isolation unit (no cooling or humidification)

2. Balanced environment, density of occupation or lack of windows calls for type (c) provision in:

- T.S.S.U. (whole)
- Post-operative recovery area and i.t.u. single rooms
- Mortuary body store, visitors and viewing chapel
- Demonstration and practical rooms in the Nurse Training School.
- Internal waiting areas in the O.P.D.

3. Maintenance of an acceptable clinical environment calls for type (b) provision in:

- Central treatment rooms
- Other treatment rooms (Children's Unit, O.P.D., No. 2 in A & E)
- Abnormal delivery rooms and scrub-up in Labour Suite
- Special Baby Unit (excluding office and milk demonstration)
- Sterile preparation rooms in Pharmacy and Pathology.

4. Removal of objectionable fumes and odours demands type (a) provision for:

- All internally-planned toilets and utility rooms (these are mainly on the ground floor as clerestoreys serve first floor).

- Certain laboratory areas in Pathology
- Rooms 1 and 3 and the barium preparation, etc. suite in X-Ray
- Post-mortem suite in Mortuary
- Plaster and recovery rooms in the Ortho/Fracture Clinic
- Snack-bar servery in concourse
- Wax and plaster room in physical medicine

5. Maintenance of adequate air movement calls for type (a) provision in other internally-planned areas, mainly on the ground floor, but excluding rooms which are not generally occupied.

Mechanical Ventilation Methods

The doors enclosing certain rooms and spaces are undercut and/or fitted with louvred openings to facilitate the planned movement of air towards low pressure and extract zones.

Extraction

Air is withdrawn from the rooms through suitably-placed grilles in walls or ceilings - exceptionally, these are at low level in the postmortem room and formalin laboratory.

Trunking is fitted within the inter-floor space or vertical ducts wherever possible; however, some internal rooms (e.g. the ground floor ward boiler-points) can most easily be vented straight to outside through adjacent occupied areas, if there is little danger of visual or aural nuisance.

Extract fans are of a standard type throughout the building, readily replaceable in the event of breakdown. Their positioning in relation to the areas they serve can be made fairly flexible, and so the following considerations have influenced the layout:-

(a) Trunking is expensive and runs need to be kept as short as possible.

(b) The vertical ducts offer direct routes to outside i.e. to the roof of the building; in this respect they are not unlike ordinary domestic chimneys.

(c) "Gathering" of trunking to serve nearby areas can be carried out either in the inter-floor space, or on the roof of the building, whichever is most necessary or convenient.

(d) Ultimate discharge of contaminated air must always be at a safe height, as determined by wind tunnel tests.

Input

Fresh air has to be drawn from outside, filtered, warmed if necessary (or cooled in the case of operating theatres), and delivered at appropriate pressure to mainly high-level grilles in user departments. "Spinning disc" humidification is added for the operating theatres.

The necessary controls, machinery and heating equipment for air input to specific areas are contained in Plant Rooms which are strategically situated to keep the length of trunking runs down to a minimum.

Maintenance

The speedy replacement of standard type fans from stock, as already mentioned, reduces interruption to the system.

For normal or emergency servicing in operating theatres, any one of them can be fully isolated while the remainder continue in use. Workmen can then enter from outside through the courtyard and special bulkhead doors in the case of Theatres 2-6, or from the rear street in the case of Theatre 1.

As regards all other departments, facilities for p.p.m. and repairs are exactly as described earlier under Heating Mains and Ducts.

Plant Rooms and Spaces

The location and size of plant rooms throughout the building is determined partly by structural considerations but chiefly by the purpose and area each is intended to serve. They are listed below in groups according to main functions, but naturally may also be used for other engineering services if conveniently located and sized. For environmental purposes they are treated as basically unoccupied.

Room No.	Heating	
4/19-22	(roof)	- Boiler houses as already described (with water tanks over).
	Ventilation	
4/18	(roof)	- Air handling plant for central treatment rooms, adjoining the lift motor room.
-	(roof)	- Various extractor fan housings and ducts, accessible from the catwalk.
4/1		- Room adjacent Isolation Unit, containing plant for input of warm filtered air (no cooling) and for extraction of contaminated air to discharge well above roof level.
4/4		- Large room beneath Operating Department containing air conditioning plant (with cooling) for the theatres; also serves the less elaborate needs of T.S.S.U. and adjoining areas (first floor) and X-ray barium suite, mortuary, and certain nurse training rooms (ground floor).
4/14		- Room adjacent to Recovery and I.T.U., with simple plant for those areas.
	Other Mechanical Equipment and Storage	
4/17	(roof)	- Motor room for lifts (none needed for hoists) with maintenance access from staircase adjoining.
-	(roof)	- Cooling tower for theatre air conditioning plant.
4/5		- Refrigeration plant for mortuary body-store.
4/6		- Heating fuel oil storage tanks.
4/11		- Oxygen storage for piped service throughout hospital.
4/15		- Refrigeration plant for catering stores.
4/23		- Suction plant for piped services.
4/24		- Plant for local supply of nitrous oxide and compressed air (medical).
	Electrical Equipment	
10/2		- Telephone exchange and batteries.
4/7		- Transformer compound.
4/8		- M.V. Switch Gear (mains).
4/9		- H.V. " " "
4/10		- Diesel generator for emergency power supply.

4/2, 4/3, 4/12, 4/13, 4/16 - Spaces for local switch gear at strategic points.

Lifts and Hoists

Need: the factors relevant to assessment of need have already been described in Policy No. IIA. Brief specifications of the equipment are given below.

Lifts Nos. 1 and 2 (identical) to B.S.2655, part 3, 1955:-

Rating - 27 passengers or 4,000 lbs. weight.

Internal Dimensions - 8'9" x 5'5" x 7'0" high.

Doors - power operated, two flush panels, clear opening 4'4".

Construction - sheet steel panelling with coved corners and cellulose finish; internal protective handrail and kicking plates.

Interior Controls, etc. - push button for each level, door hold and emergency stop; alarm bell and emergency telephone; standard interior lighting and natural ventilation.

Exterior Controls - single call button and indicator; fireman's release.

Operation - Speed 50 ft. per min., from roof level dual motor room; emergency electrical services available by manual change-over switch in the event of mains failure.

Maintenance - access hatch and RSJ sections facilitate lowering the winding gear to first floor level for repair, etc.

Hoist No. 3 (Still Room to Staff Lounge)

Dimensions to accommodate load of approx. size 3'6" x 2'0" x 4'10" high, i.e. a wheeled trolley complete with tea urn.

Construction - generally as for Lifts.

Doors - power-operated, opening either side of the cage.

Controls, etc. - no internal fittings; outside push-button at either level; voice-tube connection between levels.

Operation - low speed; winding gear at upper end of shaft.

Maintenance - access is via removable panel in corridor just below ceiling height.

Hoist No.4 (Snack Bar to Day/Emergency Unit)

Dimensions - to accommodate six loaded trays in racks.

Other data as for Hoist No.3.

Medical Gases, Suction and Compressed Air

All these services are quite capable of being provided by mobile sources, i.e. cylinders and/or machines. In certain instances their use is known to be so infrequent that the availability of a machine or cylinder trolley at some convenient point is still perfectly adequate.

In other instances, however, and to a varying degree, there are arguments in favour of providing each service by means of fixed pipework from a central installation to wall outlets, for "plug-in" connection by the user. As such installations are expensive to provide and maintain they have to be justified on grounds of more than simple convenience. Moreover, they do not entirely eliminate the need for mobile sources, since a few of the latter must always be made available for standby purposes in the event of failure.

Criteria for Piped Installation:

(a) Anticipated usage at a consistently high level.

or (b) Impracticability of heavy mobile sources (cylinders, etc.) being moved from room to room by nurses.

or (c) Unsuitability of mobile sources for use in sterile areas.

The application of these criteria has led to installations as described below, generally on the basis of one outlet for each bed or pair of beds. Adequate stocks of mobile sources are also dispersed about the building.

Oxygen and Suction (parallel requirements):-

Treatment areas - operating theatres and anaesthetic rooms; recovery and i.t.u.; labour suite and special baby unit; paediatric treatment room and the 5 central treatment rooms; resuscitation room, treatment rooms and the plaster room in a. and e. department; treatment room in o.p.d.; dental surgeries and recovery room.

Ward areas - the high dependency zones throughout, including "emergency" end of the Day/Emergency Unit; in Isolation Unit the six rooms on left side (Nos. 10, 11, 15, 16, 20 and 21)

Nitrous Oxide

Operating theatres and anaesthetic rooms, also abnormal delivery rooms.

Compressed Air

Operating theatres only.

Gas Supply: Incinerators and Crusher

The arrangements for using natural gas for the main heating boilers (on the basis of a tariff negotiated with each of the area gas boards) have already been referred to on page 3. There is a need for gas to be piped to a few other areas as well, namely:-

(a) Central kitchen and snack bar,

(b) Pathology and pharmacy departments,

(c) Dental and physical medicine departments,

(d) Incinerators.

Incineration of Waste

The central installation in the supply and works building is intended to cope with the hospital's total output from all sources, estimated at $2\frac{1}{2}$ lbs./bed/day. This load is shared between two gas-fired incinerators, operated by portering/disposal staff. The safe discharge height for the combustion products has been confirmed by wind tunnel tests in the same way as for the boiler-house chimneys.

The arguments in favour of central on-site incineration, together with full descriptions of other disposal arrangements, are given in Policy No. IID.

Crusher for Tins and Bottles

To reduce the bulk of refuse which has to be collected by the regular local authority service, tins and bottles are sorted and (separately) crushed before being placed in the final disposal bins.

The machine has a capacity of 500 items per hour and is operated by portering/disposal staff.

Electricity Supply and Distribution

Mains Supply

At Frimley the Electricity Board provides two 11 KV feeders from different sections of the national grid, terminating in an EHV switching bank with automatic changeover of load in the event of either main failing.

At Bury only one such main is available, necessitating greater standby provision - see below.

Two 750 KVA transformers are located in an external compound, and the appropriate HV and MV switchgear is installed in Rooms 4/8 and 4/9.

Standby Supply

Diesel generating plant rated at 100 KVA (Frimley) and 200 KVA (Bury) is installed in Room 4/10, associated with a secondary distribution network to essential areas on the recognised basis.

This plant may also be used for "lopping" peak demand at any time.

Distribution

Within the hospital and residential area a medium voltage network from the mains switchgear serves all departmental requirements, with local switchgear at appropriate points. Cables in metal trunking and conduits are carried within the voids/ducts which accommodate other mains and services. Local distribution to special areas (e.g. X-ray Dept.) is suited to the equipment being used there.

Basic Socket Outlets: these are of the 13-amp switched type throughout and used for all purposes, including mobile X-ray in bed areas, theatres and resuscitation room. Anti-static precautions apply in the operating department, abnormal delivery rooms, two central treatment rooms, and the resuscitation room and plaster room in the a. and e. department; however, latest considerations indicate that the outlets may be installed at normal heights without recourse to special sparkless types.

General standard of provision:-

Pathology - twin outlet per 5' bench length, with higher concentrations in special areas.

Wards - single outlet in each bedhead unit; with an additional single outlet at low level in each single bed room and a twin outlet in each multi-bed bay.

Other areas - single or twin outlets according to assessed demand.

Lighting and Misc. Fittings

The normal method of lighting for almost all areas is by ceiling-mounted or suspended fluorescent fittings giving an average service value of 15 lumens/sq. ft., except in bed areas where the design is based on 10 lumens/sq. ft.

Colour corrected fluorescent lighting is being provided in all clinical areas.

Special types of fittings etc. are required in a number of areas, e.g. operating theatres, lecture theatre, eye clinic, gymnasium, kitchen and dining areas.

Areas fitted with ordinary tungsten lighting include plant rooms, store-rooms and cleaners' cupboards.

Bed-head lighting in wards is provided by wall bracket fittings incorporating a tungsten lamp controlled from the bedhead unit (see next page). This incorporates a dimming switch to facilitate observation of individual patients at night.

General Night-lighting is installed in ward corridors, but not actually in the bed areas, except for:-

Intensive therapy unit

Cot rooms in maternity department

Cot areas in children's ward

Electric Clocks

An impulse system (mastered from the telephone switchroom), with some of the "slave" units having sweep second hands, covers suitable points throughout the hospital, notably those frequented by out-patients, staff and visitors. In the wards the need is generally more limited and is met by providing a two-faced clock between each pair of nurses' stations.

X-ray Viewing Boxes

These are of standard type, installed in operating theatres, treatment rooms and other areas as appropriate.

Dictation Systems (see also Policy No. IIH).

The various ways of providing dictation facilities to essential users by means of a central wired installation have been carefully investigated. It was concluded, however, that a satisfactory service at all times could only be guaranteed by making very elaborate and expensive arrangements. The risk of these being under-used for a good deal of the time meant that they could not be adopted, and the alternative of a partial service only was finally rejected in favour of individual tape machines for personal issue.

A special microphone-dictation system is available in the Mortuary.

Communications - Radio, Nurse Call, etc.

Patients' Bedhead Units

In addition to the lighting control switch and 13 amp socket outlet already mentioned, each of these wall-mounted units contains a push-switch and lamp for patient/nurse call and a pull-switch for nurse/nurse call. A separate handset containing the nurse-call switch can be issued to individual patients as required. The unit is wired for transmission of sound (through lightweight earphones) on 4 separate channels; two spare channels are included for later addition of radio or television sound if necessary.

Radio and Television Facilities

There is a central aerial installation for reception of all sound and vision broadcasts. Four channel radio - including the hospital channel - is relayed to bedhead units and communal areas within the hospital. Television outlets are installed in communal areas. The staff residences may be served from this central source or their own local aerials as appropriate.

Conduits and service ducts allow space for any later expansion of the internal wiring installation; for instance, closed circuit T.V. between selected points may in due course become a worthwhile addition.

Nurse Call System

The standard lamp and buzzer arrangements link the nurses' station with all patients areas, including toilets, etc. Reset buttons are provided at suitable points, e.g. by the entrance to multi-bed bays rather than on each bedhead unit. There are additional facilities for the nurse to summon help in emergency.

Direct Speech Links cover the following special requirements:-

- Highly Infectious Section of Isolation Unit - between either of the nurses' stations and the six individual bedrooms, to reduce the need for entering infective areas.

- Intensive Therapy Unit - between nurses' station and the overnight stay rooms outside, to summon relatives on urgent occasions.

- Operating Department - between reception and other areas, e.g. for locating staff in emergency.

- Two Service Hoists - between upper and lower levels, to facilitate ordering of meals and beverages.

Staff Location Within Entire Precinct

There is a VHF radio installation operating the standard pocket-paging "bleep" receivers; up to 75 individual users can be accommodated, with different tones to convey different requirements or degrees of urgency. There are three special receivers equipped with "talk-back" facilities in addition, for issue to key staff when on emergency standby duty.

Telephone, Fire and Other Alarm Systems

The pros and cons of alternative telephone systems are well known and recorded. "Present worth" evaluation has to take into account not only the extent of anticipated future use of outside lines, which are automatically obtainable on the PABX type of intallation, but also whether extra operators may be required for a PMBX/PAX dual system - their cost and even perhaps the likely difficulty of recruitment. It is only after carefully surveying all the factors relevant to the particular hospital that the choice can be made.

The chosen system provides 20-25 incoming lines and 300+ extensions. In the light of the factors mentioned above a PABX3 type of installation has been adopted, incorporating both internal and external dialling facilities. A full schedule of extensions is available for reference; about 2/3 of them will be "barred" initially.

In the Mortuary, special equipment will allow the Pathologist to converse without touching the handset.

There is a direct line from the d.g.h. to St. Mary's Hospital (Bury) or Farnham Hospital (Frimley) also to the ambulance depot serving each hospital area. Administrative aspects of the service (including staffing) are dealt with in Policy No. IIH.

Public Call-Box (coin-operated) facilities, each having a separate outside line, are available as follows:-

Ward areas - trolleys which are plugged into suitably-positioned jack sockets and then wheeled to any bedside or day-space position.

Elsewhere for general use - a total of 18 booths/fitments with acoustic hoods dispersed throughout the hospital and residences, e.g. in the concourse and other waiting areas; where seats are incorporated in the hoods they may be of the tip-up variety to simplify use by wheelchair patients.

Fire Alarm

The hospital telephone system is used by individuals wishing to initiate an alarm, and the switchboard operator continues the process, calls the fire brigade and duty officer, and then alerts staff in the vicinity, according to standard procedure. To supplement this personal system, fire detectors of the thermal type are installed in boiler houses, flammable and corrosive materials stores, with smoke detectors in the supply and works building and ventilation plant rooms. There are also automatic door closers on the smoke detection principle for each set of doors in the streets.

In the redidences there are standard push-button alarms.

Other Alarms

These are of automatic type, integrated with the telephone switchroom, and cover such vital services as oxygen levels, medical vacuum, blood bank temperature level, the boiler plant, and (Frimley only) the poisons store. In addition to the central alarms, there are local alarms for all these services except the boiler plant.

Some other services may require local alarms only; these would cover equipment which is specifically related to departmental use, in departments like wards, operating theatres and accident and emergency which are generally manned on a 24-hour basis.

Noise Control

The integration of energy sources within the hospital building demands extra care to ensure proper attenuation of noise, also to avoid vibrations from plant, etc. being transmitted to occupied areas.

External noise is likely to arise mainly at Frimley, where the two major roads flanking the site at front and rear may necessitate special treatment for some wards and parts of the residential accommodation. These matters are all receiving proper attention.

Acoustic Treatment

Within the hospital, the sound reduction values of walls and doors are generally in accordance with the recommendations in Design Note No. 4. Areas requiring additional treatment in this respect are as follows:-

Ward Staff Bases - ceilings, etc. around the beverage unit.
Psychiatric Unit - the special single room (No. 4).
Main Committee Room - wall adjoining psychiatric unit.
Medical Records - the machine room.
Geriatric Unit - two single rooms at the high dependency end.
Labour Suite - two first stage rooms near staff base.
Intensive Therapy Unit - wall adjoining staff dining room.

Noise Control

The investigation of energy sources within the hospital building demands extra care to minimize transmission of noise, also to avoid vibrations from plant, etc. being transmitted to occupied areas.

External noise is likely to arise mainly at Trinity, where the two major roads flanking the site at front and rear may necessitate special treatment for some wards and parts of the residential accommodation. These matters are all requiring proper attention.

Acoustic Treatment

Within the hospital, the sound reduction values of walls and doors are generally in accordance with the recommendations in Design Note No. 4. Areas requiring additional treatment in this respect are as follows:-

Ward Staff Bases - railings, etc. around the beverage unit.
Psychiatric Unit - the special sing-in room (No. 4).
Main Operating Suite - wall adjoining psychiatric unit.
Medical Records - the sounding room.
Geriatric Unit - two single rooms at the high dependency end.
Labour Suite - the first stage "room ward" bays.
Intensive Therapy Unit - wall adjoining staff dining room.

Final "Best Buy" Planning Policy No. IIC

CLEANING/HOUSEKEEPING : MAINTENANCE : WORKS DEPT.

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Maintenance of Furniture and Equipment	7.
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Upkeep of Roads and Grounds	9.
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Works Staff	11.
Annex - Detailed Cleaning Procedures	
For cleaning supplies, etc.,	see Policy No. IID.
For changing rooms and other facilities,	" " " IIF.
For administration generally,	" " " IIH.

References:

H.B.N. No. 18 Admin. Dept.

I.B.S.G. "User Requirements" Section A.

H.T.M. 12 and 13 - Planned Preventive Maintenance, &c.

"Relieving Nurses of Non-Nursing Duties (C.H.S.C. Report, 1968).

H.M. (68)96 on Training of Ancillary Staff.

Hospitals Year Book, Section 18.

File Ref: J/H189/24

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General

The system for hospital cleaning and maintenance requires to be as highly-organised as any of the other supporting services if it is to make most effective use of staff and involve minimal user-participation. Among the features intended to contribute to these objectives are:

- A design which provides cleaners' rooms and facilities wherever needed.
- Building materials and finishes chosen for ease of maintenance, &c. (The main environmental features are described in Policy No. IIK).
- Arrangements for cleaning by regular teams, working outside normal hours if necessary.
- Use of planned preventive maintenance for all engineering installations.

Relieving Nurses of Non-Nursing Duties

The above features, and others described in later policies, can help towards the effective deployment of nursing skills. As the C.H.S.C. Report indicated, however, a more fundamental approach is the adoption of policies which include a properly-integrated Housekeeping Service, in the wards and certain other departments, and this too has been done. Its implications with regard to overall staff complements and revenue consequences are still under review by the Dept., but it has been accepted that for the Bury and Frimley hospitals alone the "experiment" should proceed to the point of design-in-use evaluation.

The purpose of this policy document is to describe the accommodation, staff and working methods needed to carry out the following functions:

- Maintaining an acceptable standard of cleanliness and hygiene throughout the hospital at all times.
- The domestic cleaning aspects of preventing cross-infection.
- Housekeeping support for the nursing and catering services.
- Regular upkeep and repair of the building fabric, fittings and furniture.
- Regular upkeep and repair of the engineering plant and mains.
- Overcoming breakdowns in such services as quickly as possible to minimise disturbance to the hospital's patient-care facilities.
- In-service training of domestic and other staff.

Organisation of Cleaning/Housekeeping Services

The possibility of a Group Domestic Manager being appointed in due course, to co-ordinate and advise on policy throughout the Group, should not be overlooked; but it does not affect the policies being described here.

Management and Offices

The Domestic Superintendent should have an office conveniently near the other administration offices in order to facilitate liaison and mutual understanding on policy matters. In this design the office is close to the staff entrance and changing rooms as well, which makes supervision earier. (Clocking-in arrangements are available at the staff entrance if required).

An adjacent room is provided for the Assistant Domestic Superintendent and a clerk; also an enclosed waiting/interview area for prospective recruits, salesmen, etc., with a small annex for storing samples and special stocks. Secretarial and other services are available from the common administration pool.

The Domestic Superintendent is responsible to the Group Secretary for the planning, organisation and budgetary control of cleaning services throughout the hospital, and group; for necessary liaison with the Control of Infection Officer; and for training of staff in appropriate cleaning methods and use of equipment. This responsibility is exercised through the Assistant, the housekeepers and the forewomen on charge of their teams at ward/department level, involving day-to-day liaison with the heads of those departments. Methods, for instance, need keeping under constant review.

Housekeeping Liaison

Although housekeeping staff would be on the domestic establishment, it is desirable that the nursing officers too should be concerned in their appointment. The Unit Housekeeper (for 144 beds) should work in close association with the Grade 7 N.O. At ward level the sister maintains full clinical control and advises the assistant housekeeper on the organisation of work. Any problems that might arise in such a situation would have to be dealt with jointly by the Unit Housekeeper and Grade 7 N.O.

Hours of duty should normally be from breakfast time until the evening beverages are finished.

The above relates to wards; arrangements for other departments may need to be somewhat different.

Training of Staff; This takes two main forms:-

(a) In Education Centre - simple induction courses at intervals for all new entrants, organised by administration to familiarise them with the layout and working of the hospital; also occasional lectures organised by Domestic Superintendent to introduce new techniques or equipment to large groups of staff.

(b) On-site instruction, generally by forewomen, using whatever room or working area may be most convenient for small numbers (e.g. the bulk equipment stores or ward seminar rooms).

Programmed Cleaning by Teams

A detailed schedule of procedures for all cleaning tasks is given as an Annex to this Policy, but the main features are summarised below. Wall-washing and window-cleaning are referred to later under "Building Maintenance".

To avoid undue disruption of the hospital's daytime activities, and to make most effective use of labour, the major cleaning tasks must be done in accordance with a programme which provides for some night-time and weekend working. Local cleaning in wards is fitted into the day's general activities as convenient - see next pages.

Streets, Lobbies, Concourse, etc.

A two-man team on regular night duty carries out daily cleaning, polishing and low dusting, weekly high dusting of walls, and twice-yearly stripping and repolishing of PVC floors. Heavy equipment for this purpose is stored and maintained in Room CG7/25 (Supply Centre).

Wards and Corridors.

Weekly maintenance teams carry out high dusting of walls and scrub/polish floors; also the twice-yearly stripping and repolishing of floors. (The daily cleaning of these areas is the responsibility of ward staff). Cleaners' rooms with sinks and cupboards are provided generally on the basis of one large (c.60 sq.ft.) and two small (c.30 sq.ft.) per 72-bed area.

Other Departments

Wherever possible, teams of domestic assistants supervised by forewomen are used to clean departments systematically, and preferably outside normal weekday working hours. Cleaners' rooms have been carefully sized and allocated throughout the departmental areas to enable this service to be organised to best advantage. Particular areas, e.g. A & E. and pathology, may need a permanent allocation of domestic staff.

The following departments are not cleaned by domestic teams but by their "own" staff; the arrangements for them are therefore described in the individual Policies:-

Workshops and plant rooms.
Kitchen, dining room, staff lounge and snack bar.
Mortuary.

N.B. Operating theatres and T.S.S.U. - arrangements agreed between Domestic Supt. & Theatre Supt.

Up Dating of Procedures.

The likelihood of improved methods, equipment, etc., in coming years will necessitate a thorough review of cleaning policy (and staffing) within the few months immediately prior to commissioning.

General Ward Arrangements

The systems proposed for this hospital in regard to supply and disposal (see Policy No. IID) and tray-service of meals (see Policy No. IIE) envisage that internal distribution and collection within all patient-care areas should be the responsibility of the ward staff. Utility rooms are carefully planned and positioned in the entrance corridors for this purpose.

The initial preparation of beverages at set times of the day is also centralised, but the final filling of tea-pots, etc., takes place at the boiler-points, which again are situated at the ward entrances.

Associated with those boiler-points there are double sink and drainer units intended mainly for the cleaning and refilling of patients' water-jugs and glasses.

Beverage Unit

Each staff base includes a standard group of fitments as follows:-

stainless steel sink/drainer unit.
small electric hot-plate and kettle
refrigerator and storage cupboards for supplies and crockery.

This enables occasional beverages etc. to be provided whenever they are required, outside normal catering hours. Noise levels are reduced by sound absorption treatment of ceilings, etc.

Housekeeping Offices and Workplaces

The duties expected to be undertaken by housekeeping staff are described on the next page. The design provides accommodation for all these purposes, as illustrated on the ward plan extract below. The Housekeeper responsible for supervising a 144-bed area has a half-office in each 72-bed unit; the Assistant Housekeepers use the working bases (desks) which are shown at A and D.

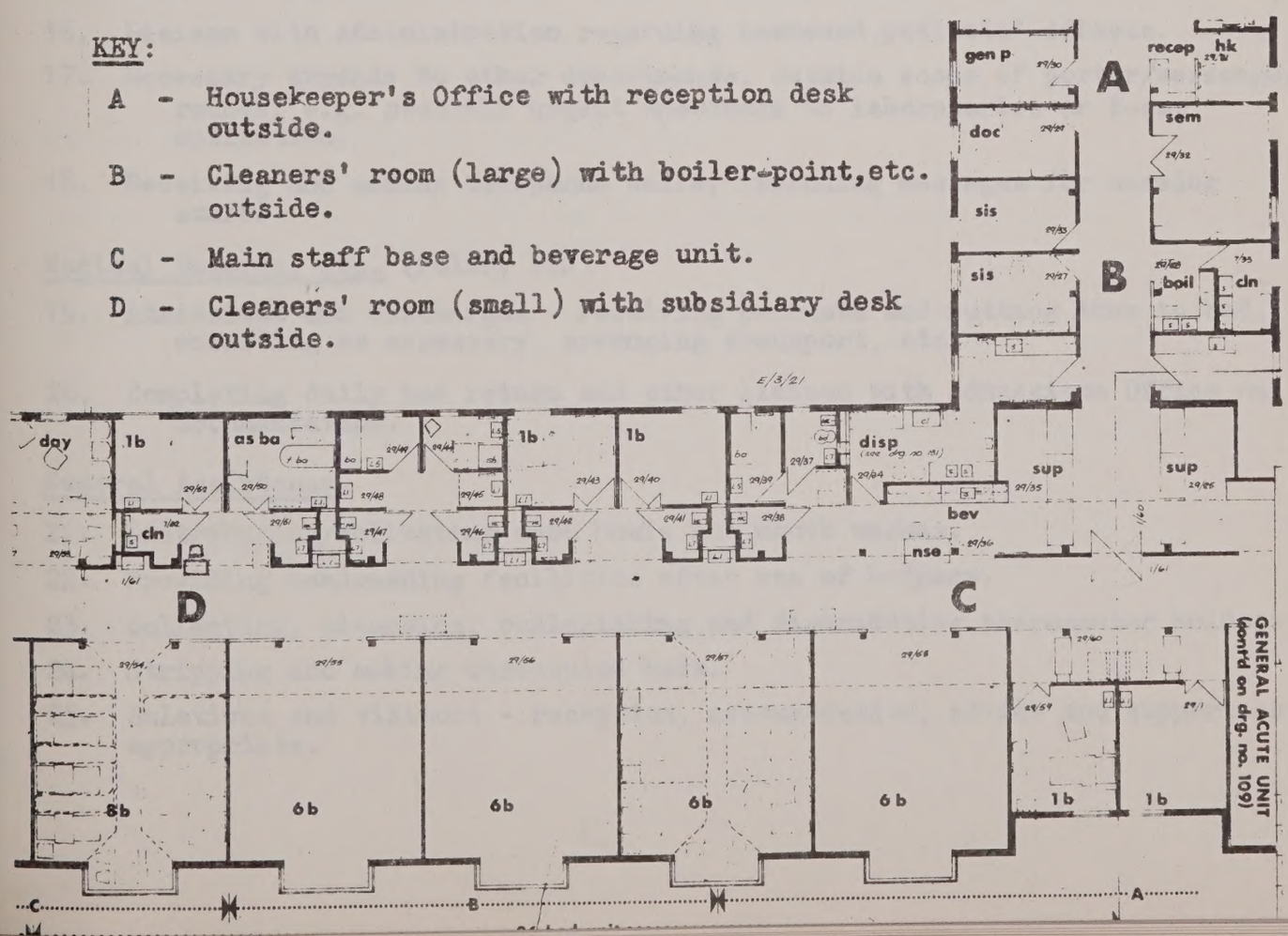
KEY:

A - Housekeeper's Office with reception desk outside.

B - Cleaners' room (large) with boiler-point, etc. outside.

C - Main staff base and beverage unit.

D - Cleaners' room (small) with subsidiary desk outside.



Basic Schedule of Housekeeping Duties (incl. Daily Cleaning)

Cleaning and Maintenance (this Policy)

1. Routine cleaning of beds and arranging special cleaning/maintenance.
2. Routine washing of equipment and preparation for future use.
3. Cleaning and tidying all storage accommodation.
4. General ward tidiness - light cleaning and dusting, moving small items of furniture and equipment, care of flowers and vases.
5. Observing condition of ward fabric and equipment, and necessary liaison with Works Dept.

Supply and Disposal (Policy IID)

6. Liaison with Supply Centre on stock levels, emergency requirements, etc.
7. Internal distribution of stores, linen and equipment.
8. Sealing bags of dirty and soiled linen and removing to disposal bay.
9. Collecting other items for disposal and sorting into correct receptacles.

Catering (Policy IIE)

10. Organising patients' menu-choice and liaison with Catering Office.
11. Distributing routine meals and beverages delivered by trolley-service from kitchen.
12. Collecting used meal-trays, etc. for return to central wash-up.
13. Preparing occasional beverages and washing up as necessary.
14. Distributing and collecting water-jugs, soft drinks and tumblers.

Administration (Policy IIH)

15. Listing of new patients' clothes and valuables, and conveying valuables to and from safe-keeping in Administration Dept.; also custody of suitcases.
16. Liaison with Administration regarding deceased patients' effects.
17. Necessary errands to other departments, outside scope of porter/messenger rounds, e.g. possibly urgent specimens to laboratories or X-ray collection.
18. Receiving and making telephone calls, including messages for nursing staff.

Medical Records, etc. (Policy IIJ)

19. Admissions and discharges - receiving patients and putting them to bed, escorting as necessary, arranging transport, etc.
20. Completing daily bed return and other liaison with Admissions Office on documentation.

General Assistance

21. Distributing/collecting wash bowls and mouth washes.
22. Providing handwashing facilities after use of bedpans.
23. Collecting, cleansing, replenishing and distributing thermometer holders.
24. Stripping and making unoccupied beds.
25. Relatives and visitors - reception, accommodation, advice and support as appropriate.

Maintenance of Furniture & Equipment

(As regards operating theatre equipment and the T.S.S.U. see Policy No. VB)

Ward Furniture Cleaning Centre

This is located on ground floor next to Isolation Unit and consists of two linked rooms, with an adjoining store. Beds, furniture and general equipment which require attention at any time are brought to the "dirty" room, for initial stripping down and cleaning in accordance with the recommended procedures - See Annexe; passed through to the "clean" room for finishing off; then disposed of in one of the following ways:-

(a) if the item is serviceable and needed for regular use it is returned direct to the ward/department from which it was received;

(b) if serviceable but very rarely used it is passed to emergency call store in supply centre;

(c) if unserviceable it is held in the reserve store (Rm. 5/24 or 35) for further attention.

Bed Cleaning for Operation Cases

Alternative procedures are offered in Policy No. VB for the transport of patients from, and back to, their wards. One of these may involve the cleaning of beds in the wards before patients are sent on them to the operating department. The more desirable arrangement is for beds to be cleaned in the operating department while patients are actually in the theatres. For this purpose a room with all necessary facilities is provided in the general transfer zone at the entrance to the department.

Repair of Unserviceable Items

It is essential to have a speedy, straightforward procedure for condemning and disposing of the non-repairable items of furniture and equipment, otherwise the reserve store may so easily become a "graveyard" where the odd expensive item which can be restored to useful life gets buried under an accumulation of lumber.

Such repairs as are within the craftsmen's capabilities can be undertaken by the Works Department - this applies particularly to furniture. The manufacturers and suppliers of specialised equipment are expected to cover the regular inspection and maintenance of their products, and to provide an urgent repair or replacement service in emergency.

Mobile X-ray Machines (see Policy No. VE)

Any minor servicing of these three machines has to be carried out by X-ray technicians, for which purpose the machines must be moved from their normal parking/recharging sites to the X-ray department.

Fire-Fighting Equipment - arrangements for regular checking and servicing are made by the designated hospital officer (usually an engineer) with the local fire brigade.

Heavy Cleaning Equipment - this is maintained in its own special store, as mentioned earlier.

Supply and Disposal "Floats" - these too are normally expected to be serviced in their parking place in the supply centre (see Policy IID).

Outdoor Vehicles - are referred to on a later page.

Building and Engineering Maintenance

In the design and construction of the building, care has been taken to reduce the need for maintenance work and to make it as simple a process as possible. "Present worth" evaluation methods have been applied here as elsewhere.

Exterior finishes are such as to require only washing-down and some repainting at appropriate intervals. Windows are aluminium-framed, set in wood surrounds. Outside doors are of wood with painted finish. Gutters and drain-pipes are in plastic.

Except for staff residences (where wallpaper is used) the finishes on internal walls and ceilings throughout are long-lasting and scrubbable. Vulnerable points are specially protected against damage from mobile equipment. Floor surfaces are mainly PVC, which is hard-wearing and easily maintained, but tiles or terrazzo are used in some selected areas and carpeting in others. Doors mostly have a permanent finish, as indicated in the I.H.B. Compendium.

Window-cleaning is let out to contract, as also are minor capital works and the annual cleaning and maintenance of the whole building fabric. The Building Supervisor must have a regular programme for these works, fitting in with other services and the needs of particular departments; central guidance on this subject may be promulgated in due course.

Planned Preventive Maintenance (Engineering).

The system described in Technical Memorandum No. 13 is being applied throughout the hospitals in the group, and managed from the Group Engineer's offices as described later. It should provide an effective insurance against the risk of sudden breakdowns disrupting the vital functions of the hospital, but has to be supplemented as follows:-

(a) reserve boiler capacity is always available for the heating services.

(b) the customary stand-by generating plant is provided for emergency lighting and power supplies.

(c) the Group or Hospital Engineer is always on call, and a craftsman should be on duty at night-time and weekends.

(d) Suppliers of specialised plant and machinery are required to give prompt attention to the hospitals' maintenance needs.

Maintenance Access

The design provides easy access to all mains and services, as already noted in Policy No. IIB.

For use as required throughout the buildings and grounds there is a multi-purpose self-elevating mobile platform, capable of raising two men and their tools up to eaves height, but nevertheless collapsible to such a size as may be wheeled through any normal doorway.

Upkeep of Roads and Grounds

The purely gardening aspects have been dealt with in Policy No. IIA. but in view of the large numbers of trees the possibility of arranging an annual contract for tree-pruning, etc., should not be overlooked.

Sweeping and tidying-up around the precinct generally is undertaken by portering/disposal staff.

Servicing of lights, directional signs and other outdoor "furniture" is undertaken by appropriate tradesmen from the Works Department; the mobile elevator platform may be used for maintenance of lamp standards.

Roadworks - other than those of a very minor nature - should be let out to local contract. The builder's yard adjoining the workshops area is intended to hold only day-to-day stocks of common materials for repair purposes.

Vehicles (excluding "Floats") - there is no provision for garaging hospital vehicles as the transport H.Q. is expceted to be elsewhere (see Policy No. I). If the hospital does have its own allocation of vehicles, they should still be serviced and repaired by arrangement with a local garage rather than by Works Department staff.

Fire-Fighting Access - it is a management responsibility to ensure that the roads provided to enable fire-fighting vehicles to drive up to any part of the buildings are always kept clear of obstruction.

Works Department Organisation

The Group Engineer is in overall control of the Works Department, and in accordance with the Administration policy for co-ordination of all group functions he has his office in the administration department, with typing and other supporting services provided from the common pool. He covers a wide range of responsibilities, some direct and others by delegation (e.g. fire precautions).

In one adjacent office are his assistants; in the other are the necessary clerk, drawings and charts for operating the planned preventive maintenance system.

Day-to-day management of the building section, (on a group basis) rests with the Building Supervisor, whose office is associated with the workshops area for ease of supervision.

In the same way, the Hospital Engineer has his office in the workshops area and is responsible for all engineering services at the d.g.h.

The off-siting of industrial services at St. Mary's (Bury) and Farnham (Frimley) probably necessitates other Engineers having charge of those areas, for which the staffing requirements are outside the scope of this document.

Workshops

In the Supply/Works building there is the following provision:-

- Offices for Building Supervisor and Hospital Engineer.
- Building & Engineering stores (with enclosed yard outside).
- Incinerator/crusher room for refuse disposal.
- Associated storage and handling space for bins and bottles.
- Separate shops for painter, carpenter, fitter and electrician.

N.B. the policy of contracting-out capital works means that fixed plant is limited to drilling and grinding machines, as mostly portable tools (including welding plant) should serve for p.p.m. and minor repairs.

Stores

Ordering, checking and custody of equipment and materials needed for building and engineering maintenance is entirely the responsibility of the Works Storekeeper, under the direction of the Group Engineer. The Supplies Department may advise if required.

Cleaning of the various workshops, stores and plant-rooms throughout the building has to be undertaken by Works Department staff.

Works Staff

Subject to agreement with the H.M.C's concerned, a recommended establishment is as follows:-

Group Engineer	1
Building Supervisor	1
Hospital Engineer	1
Assistant Engineer	1
Works Assistant	1
Storekeeper	1
Electricians	5
Fitters	7
Semi-skilled Engineering Grade 3	3
Painters	2
Carpenters	2
Labourers	2
	27

Staff Facilities

Associated with the workshops there are male staff toilets and locker room. Showers are available in the central staff changing rooms in administration where the regular exchange of overalls is also provided for (see Policy No. IIF).

It is expected that the majority of works staff will make use of central catering arrangements (snack bar or dining room). For preparation of beverages and minor snacks there is a mess room in the workshops area.

ANNEX TO POLICY NO. IIC - CLEANING PROCEDURES

	Item	Task	Procedure	Equipment	Materials	Frequency and labour	Fittings
1.	Floors P.V.C. (throughout hospital)	Initial Cleaning	Procedure to be adopted prior to occupation.				
			1. Machine scrub all floors. Make two passes over area removing soilage on second pass. Rinse floor with damp mop.	(a) Combined scrubber/ dryer battery powered machine (b) 1. Gearpres mop and bucket.	Heavy duty detergent		
			2. Apply two coats of floor dressing.	1. Geerpres mop and bucket.	Floor dressing.		
			3. Buff after 24 hours	As for 1.1			
2.	Floors P.V.C. (Street and Corridors)	Stripping and repolishing	1. Sweep floors with 'V' sweeper.	1 x 6 ft. Impregnated dust control mop.		HALF-YEARLY	
			2. As for 1.1	As for 1.1 (a)	As for 1.1	Night corridor cleaning team	
			3. As for 1.2	As for 1.1 (b)	As for 1.1		
3.	Floors P.V.C. (Street and Corridors)	Maintenance	1. As for 2.1	As for 2.1		DAILY x 1 Night Corridor cleaning team.	
			2. Light scrub, using combined machine. Make one pass, scrubbing and drying	As for 1.1 (a)	Either wash and wax prepared dressing or floor dressing as in 1.2 diluted with neutral detergent.		
			3. Burnish making one pass.	As for 1.1 (a)			
4.	Floors P.V.C. (ward bedded areas)	Sweeping and Cleaning	1. Vacuum.	Standard vacuum cleaner		DAILY # 1 Ward Team # 1 # 1	Power outlet point.
			2. Damp mop	Geerpres mop and bucket.	Neutral detergent with bactericide.		
			3. Sweep with impregnated dust control mop.	24" dust control mop.			
5.	Floors P.V.C. (ward bedded areas)	Stripping and repolishing.	1. Vacuum	As for 4.1		HALF-YEARLY Weekly maintenance cleaning team	As for 4.1
			2. Using single brush machine, deep scrub floor.	Single brush scrubber/polisher machine	As for 1.1 As for 1.1		
			3. Vacuum dry.	Wet pick-up machine.			
			4. Rinse and dry.	As for 1.1 (b)			
			5. Apply two coats of floor dressing.	As for 2.1	As for 2.1		

	Item	Base	Procedure	Equipment	Materials	Frequency and labour	Fitting
1.	Floors F.V.C. (Corridors, hospital)	Initial cleaning	Procedure to be adopted prior to commencing. 1. Machine across all floors. Pass two passes over area removing soiling. On second pass, clean floor with deep mop. 2. Apply two coats of floor dressing. 3. Wait after 24 hours	(a) Designed scrubber/drier battery powered machine (b) 1. Dampened mop and bucket. 1. Dampened mop and bucket. As for 1.1	Heavy duty detergent Floor dressing.		
2.	Floors F.V.C. (Street and corridors)	Scrubbing and regular mop	1. Mopping floors with 1% detergent. 2. Mop floors with clean water. 3. Wipe dry.	1 x 5 ft. Impregnated dust control mop. As for 1.1 (a) As for 1.1 (b) As for 1.1 (b) As for 1.1 (a)	Light duty detergent Floor dressing	DAILY-YEARLY Night cleaner cleaning team	
3.	Floors F.V.C. (Street and corridors)	Maintenance	1. Light scrub, using designed machine. 2. Rinse one pass, using clean water. 3. Material welding one pass.	As for 1.1 (a)	Either wash and wax treated dressing or floor dressing as in 1.2 diluted with general detergent.	DAILY x 1 Night corridor cleaning team.	
4.	Floors F.V.C. (Ward bedded areas)	Sweeping and cleaning	1. Vacuum. 2. Damp mop. 3. Damp with impregnated dust control mop.	Standard vacuum cleaner. Damp mop are buckets. As for 3.1	General detergent with deodorizing.	DAILY x 1 Ward Team 8.1 N 1	Power point
5.	Floors F.V.C. (Ward bedded areas)	Stripping and repolishing.	1. Vacuum 2. Using single brush machine, damp across floor. 3. Vacuum dry. 4. Rinse and dry. 5. Apply two coats of floor dressing.	Single brush Semi-automatic polisher machine Wet pick-up machine. As for 1.1 (b) As for 2.1	As for 1.1 As for 1.1	RAIN-YEARLY Weekly maintenance cleaning team	As.1

	Item	Task	Procedure	Equipment	Materials	Frequency and labour	Fittings
6.	Floor: P.V.C. (Ward bedded areas)	Maintenance	1. Vacuum	As for 4.1		WEEKLY weekly maintenance cleaning team.	As for 4.1
			2. Using single brush machine light scrub	As for 5.2	As for 3.2		As for 4.1
			3. Remove surplus moisture with damp mop	As for 1.1 (b)			
			4. Burnish and lay extra polish as required.	As for 5.2			As for 4.1
7.	Floors P.V.C. Ward Corridor areas	Sweeping and Cleaning	As for 4.1			¥ 1 DAILY ¥ 1 Ward ¥ 1 Team	As for 4.1
			4.2				
			4.3				
8.	- ditto-	Stripping and repolishing	As for 2.1			½ YEARLY Weekly maintenance cleaning team.	
			2.2				
9.	-ditto-	Maintenance	As for 3.1			WEEKLY Weekly maintenance cleaning team	
			3.2				
			3.3				
10	Floors	Sweeping and Cleaning	1. Vacuum	As for 4.1 with correct nozzle		¥ 1 DAILY Ward Team	As for 4.1
	Carpets		2. Spot clean using hand held spray	Hand held carpet shampoo.	Liquid carpet shampoo	¥ AS REQUIRED ward team	
			3. Shampoo carpet and vacuum when dry.	As for 5.2	As for 10.2	½ YEARLY. weekly maintenance cleaning team.	As for 4.1
11.	Floors Quarry Tiles		1. Remove loose litter	As for 1.1 (b)		¥ 1 DAILY	
			2. Wet mop using double mop technique				
			3. Wipe out corners and edges.				
12.	Floors Anti-static	Cleaning	1. Wet mopped	as in 1.1. (b)	Hypochlorite	¥ 2 DAILY	
			2. Scrubbed	As in 5.2			
			3. Rinse or hose preferably	Hose	Hypochlorite		
13.	Walls sprayed finish	High dusting	1. Dust walls using impregnated mop sweeper.	Impregnated dust control mop with extension handle.		WEEKLY Weekly cleaning team	
14.	Walls sprayed finish	Spot Cleaning	1. As for 13.1	As for 13.1		AS REQUIRED Ward and weekly maintenance team.	
			2. Using hand held spray-gun remove finger marks	Hand held spray gun	As for 4 2		
15.	Windows Exterior and interior	Cleaning	1. Washed by contractors				
			2. Interior windows to be dusted with impregnated mop.	As for 13.1		WEEKLY Weekly maintenance cleaning team	

	Item	Task	Procedure	Equipment	Materials	Frequency and labour	Fitting
16	Ward furniture synthetic finishes	Damp dusting	1 Damp dust all items, using foam sponge and neutral detergent bactericide.	2 Plastic bowls 1 Foam sponge Cleaner's trolley	As for 4.2	DAILY Ward Team	
17	Beds and Lockers	Wash and Disinfect	1. Remove items to ward furniture cleaning room 2. Vacuum clean 3. Wipe over all items with strong detergent/ bactericide solution 4. Oil wheels of beds and lockers if necessary 5. Wheel furniture to clean side and remake bed. 6. Return bed to ward	See Room data sheet for Ward furniture Cleaning Room		WEEKLY or as required. Team employed to carry out this work.	
18	All other furniture	Damp dusting	As for 16.1	As for 16.1	As for 4.2	DAILY Ward Team	
19	Doors and Ledges	Damp Dusting	As for 16.1	As for 16.1	As for 4.2	DAILY Ward Team	
20	Sinks sluices Lavatory Basins Baths	Wash and Rinse	1. Remove debris 2. Damp surfaces. Apply cleaning paste or powder, rinse and wipe dry. 3. Polish all taps and fittings after cleaning with cloth.	Paper sack on cleaners trolley Plastic bowl foam sponge Cloth	Cleaning paste or powder.	DAILY Ward Team	
21	Toilets Urenal Stalls. Bed pan Washers	Wash and Rinse	1. Flush with water. 2. Apply cleaning powder - remove soiling with brush - rinse. 3. Wipe exteriors and fittings with detergent/ bactericide and foam sponge specially provided for this task.	Lavatory brush. Foam sponge	Cleaning powder Detergent/ bactericide.	DAILY Ward Team	
22	Patients toilet accessories	Wash and Rinse	1. Damp surfaces - wipe with foam sponge wring out in detergent/bactericide - rinse wipe dry.	As for 16.1	As for 4.2	DAILY Ward Team	
23	Beverage point equipment	Clean	1. Refrigerator - remove contents - allow to defrost - wash and dry trays and containers - wash - rinse - dry interior surfaces - fill trays with water and replace. Replace shelves etc. - wipe outside. 2. Hot plate. Wipe surfaces. 3. Kitchen utensils, where issued. Wash and clean as required.	Foam sponge Plastic bowl As for 22.1 Nylon scourer Foam sponge Nylon scourer.	Neutral detergent As for 22.1	DAILY Ward Team	

	Item	Task	Procedure	Equipment	Materials	Frequency and Labour
24	Telephones and Radio head gear.	Clean and Disinfect	1. Wipe ear and mouth pieces with foam sponge and disinfectant solution. Wipe dry.	As for 16.1	Neutral detergent Disinfectant	DAILY Ward Team
25	Waste	Disposal	1. Waste to be removed from bedside containers. Waste paper baskets and all waste receptacles into paper sacks. 2. Staple paper sacks and remove to disposal area.	Stapler	Large paper sack attached to cleaners trolley.	DAILY All Domestic Staff
26	Cleaning equipment	Cleaning and Routine maintenance Stores in cleaning Team Store in Supply Centre.	1. Combined scrubber/dryer. Remove brush, check and store. Empty both tanks - flush out with clean water - following manufacturer's instructions, grease clutch and wheels - put battery on charge - check distilled water levels - wipe external surfaces with damp rag - 2. Polisher/scrubber machine - remove brush - wash store - empty tank - flush out with clean water. Check electric cables and plug and extension reel - 3. Wet pick-up machine. Empty tank and flush out with cold water. Wipe over outside of machine. Check cable and plug. 4. Vacuum cleaner - remove dust bag - empty and replace - check air filter - wipe over outside of machine with damp sponge - check cable and plug - check attachments. Store in cleaner's room. 5. Geerpres mops and buckets - Empty buckets, flush with clear water Wash out mops - leave hanging to air dry or in detergent/ bactericide. Store in cleaner's room. 6. Plastic bowls - wipe with damp sponge. Store in cleaner's room. 7. Impregnated mops - remove surface dust with vacuum cleaner - exchange mop heads as predetermined - storeupright in cleaners room. 8. Cleaners trolley. Remove equipment, clean and store - wipe all surfaces with damp sponge - oil wheels - store in cleaners room. 9. Foam sponges - wash out in detergent - rinse - store in cleaners room.			Maintenance Teams -ditto- Maintenance Daily Ward Team After use all staff. Daily Ward Toam. After each use. All Staff Daily Ward Team Daily. All staff.

Final "Best Buy" Planning Policy No. IID

DELIVERY OF SUPPLIES; DISPOSAL; STORES AND PHARMACY

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Definitions: "Float" - the combination of highly-manoeuvrable trolley (platform or container type) and small walking-pace tug, powered by rechargeable electric batteries, which is used for all general purposes of supply and disposal. The tug can easily be detached from the supply trolley and used for other purposes when required.

File Ref. J/H189/05
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General Principles

The nature of the supply and disposal system which is best able to cope with the anticipated daily movement of goods of all kinds to all parts has to be determined at an early stage of planning. It should satisfy the following criteria:-

Simplicity - for ease of understanding and execution by the staff at either end of the line, without constant supervision.

Reliability - to discourage "hoarding" by inspiring confidence among users that their normal and emergency needs can always be quickly satisfied.

Flexibility - i.e. the capacity to accommodate future changes in methods, types of goods, etc.

Economy - both capital and running costs need to be kept down, particularly in regard to stockholding and staffing.

Security - safeguarding any high-risk (e.g. dangerous drugs) or easily-damaged goods, whether in transit or in store.

Control of Infection - this involves maintaining the sterility of clean goods on one hand and preventing contamination from certain waste material on the other.

The Purpose of this policy document is to describe all aspects of the supply and disposal system, which can contribute so much to the efficiency of the hospital, for the benefit of those who operate it and those who depend upon it. The main requirement is very detailed organisation and control.

The Pharmacy is included here because of its functional relationship with several aspects of the system. Food supplies however, are dealt with separately in Policy No. IIE.

References

"Disposables in Hospitals";K.E.F. Reports (The Hospital, Feb.1964 & May 1965)
Greenwich District Hospital: Proposed Supply and Disposal Organisation Report No. 1 (September 1965)
Greenwich District Hospital: O. and M. Report on Space for Main Stores (May 1968)
I.B.S.G. "User Requirements" Section A.
H.M.(66)69 and Report on Hospital Supplies Organisation, together with H.M.(67)95.
Project Team's Report B.B.3 on Evaluation of Planning and Design.
B.B.60 and draft B.N. on Pharmacy Dept.

Scope of Service

A hospital containing over 1,600 occupants (not including outpatients), and providing a wide range of treatments as well as the hotel-type services, represents a major consumer of all kinds of goods and supplies. These may be divided into the following categories:-

Linen, uniforms, protective clothing; new or laundered - possibly after sewing-room attention.
Sterile supplies from C.S.S.D.
Disposables (bed-pans, etc.) likely to find increasing use.
Medical and surgical necessities.
Pharmaceuticals (drugs and chemicals).
Gas gylinders and bottles of sterile fluids.
Domestic items such as cleaning materials and stationery.
Food: some ready-prepared, some perishable, some "dry" stock (see Policy No. IIE)
Durable items such as furniture and crockery.
Specialised requirements for departments such as X-ray, pathology, O.T., etc.
[Building and engineering maintenance materials - see Policy No. IIC]

The policy has to be concerned with the organisation and management of a "pipeline" system for meeting all user requirements over the above range, and for rapid disposal of waste material as generated. The complete cycle to be covered is:-

Unused: producer/supplier → bulk breakdown/storage → local stocks → consumer:
After Use: consumer → sorting/recovery → final disposal.

The first development plan, i.e. the general layout of wards, departments and communications in an extensive courtyard-type building on two floors, had established the need to provide mechanical assistance (floats) for delivery and disposal services, which would be operating over fairly long distances. A number of options were identified as planning progressed, for evaluation wherever possible on the "present worth" basis. Full descriptions of these are available in the Design Report BB3, but the main ones are briefly summarised on the next page.

H.M.C. Group Arrangements

Later pages will give an indication of certain features which are relevant; in regard to Bury there are complexities which still need to be resolved with the R.H.B. (see also Policy No. IA).

In regard to Frimley, the two main aspects to be considered are:-

(a) the industrial zone at Farnham necessarily becomes a prime distributor of certain "manufactured" or re-processed goods for the other hospitals in the Group, and this will involve management co-ordination between Supplies Officer, Chief Pharmacist and Transport Officer;

BUT (b) for goods which are received at the d.g.h. supply centre direct from wholesalers, etc. for bulk storage and breakdown, the provision of a normal group service to Farnham and Fleet hospitals - given the necessary stand-by transport - would seem to be fairly straightforward.

Options & Conclusions Reached

Maintenance of Local Stocks

The choice between regular "topping-up" methods and periodic requisitioning methods is still being argued elsewhere - see, for example, the published reports of a conference at the Scottish Hospital Centre in October 1967. "Topping-up" satisfies most of the criteria listed on p.2; it may perhaps be difficult or expensive to introduce in certain existing hospitals, but when built into a new hospital design the cost factors can be minimised. Also, it parallels the direct tray-service system for distributing patients' meals in the main ward areas.

Vertical Movement of Goods

The alternatives considered were hoists, paternosters (possibly involving standard-sized containers), conveyor-belts or traffic ramps. For a design covering more than two storeys the calculations and conclusions might possibly have been different. The preferred solution - ramps - was also inter-related with the mechanical floats and the options described below.

Size and Location of Supply Centre

The principle of offsiting the main stores area has already been described in Policy No. 1A (Bury). At the time this was being examined it was also meant to apply to Frimley. The supply centre was therefore being sized for day-to-day stock levels only, i.e. up to 4/5 days maximum total holding to cover holiday weekends. This meant that it could possibly have been located within the main hospital building, beneath the kitchen, although its structural and engineering standards might then have been higher than were strictly necessary for storage purposes. The decision eventually taken, to have a separate building, was also relevant to the option which follows: it was left unchanged when the Frimley Group stores was brought on-site.

Location of Food Stores and Preparation Areas

In the following catering sequence:

Reception (Supply Centre) - Food Stores - Food Preparation - Kitchen/Servery

a number of different combinations are possible, each capable of working satisfactorily. In the circumstances of our design it was decided to include some of the food storage in the supply centre and group the remainder - with preparation - in the kitchen area only about 50 yards away. This is described more fully in Policy No. IIE.

Extent of Pharmacy "Manufacture".

Uncertainty whether suppliers could provide various small ready-to-use packs was a factor which influenced the amount of space allowed for bulk breakdown, etc.

Incineration of waste, etc. - local, central or off-sited. Public health factors had an effect on the decision in favour of centralisation on the d.g.h. site.

Outline of Procedures

Receipt and Storage of Bulk Supplies

Differences arise because at Bury the main general stores and the main pharmacy stores are each sited elsewhere (area service), whereas at Frimley they are not. The latter's supply centre serves as a full group stores and is considerably larger; however, the operating principles remain the same for both hospitals. To minimise double-handling, goods being unloaded from the delivery vehicles are distributed direct to user departments whenever possible. This applies particularly to laundry and C.S.S.D. supplies, also foodstuffs.

Internal Distribution

Basically this depends on a programme of routine topping-up rounds to local supply points once or twice daily. There is no need for elaborate requisitioning and stock-taking procedures, but the stock levels determined for various types of goods and users need keeping under constant review to allow for changes in the allocation of wards, methods of treatment etc.

Local Supply Points

With few exceptions these open directly off the streets, in fact they are mostly fitted with pass-through cupboards to make the delivery porter's task even easier. The shelves are labelled, to take standard-sized packs of the most commonly-used items, and should be distinctively coded for stocking up to a certain height. For non-standard and less well-used items some other simple arrangement is necessary.

User "Breakdown" of Stocks

Within the wards and departments, trolleys are used to convey small stocks from the pass-through cupboards and hold them at convenient points for immediate use. Housekeeping staff are responsible for this, and for requisitioning emergency stocks (shortages) or unusual items from the supply centre.

Exceptions to Above

Delivery arrangements are different for drugs; for the minor (local) catering supplies; and for major items of furniture and equipment.

Disposal by Categories

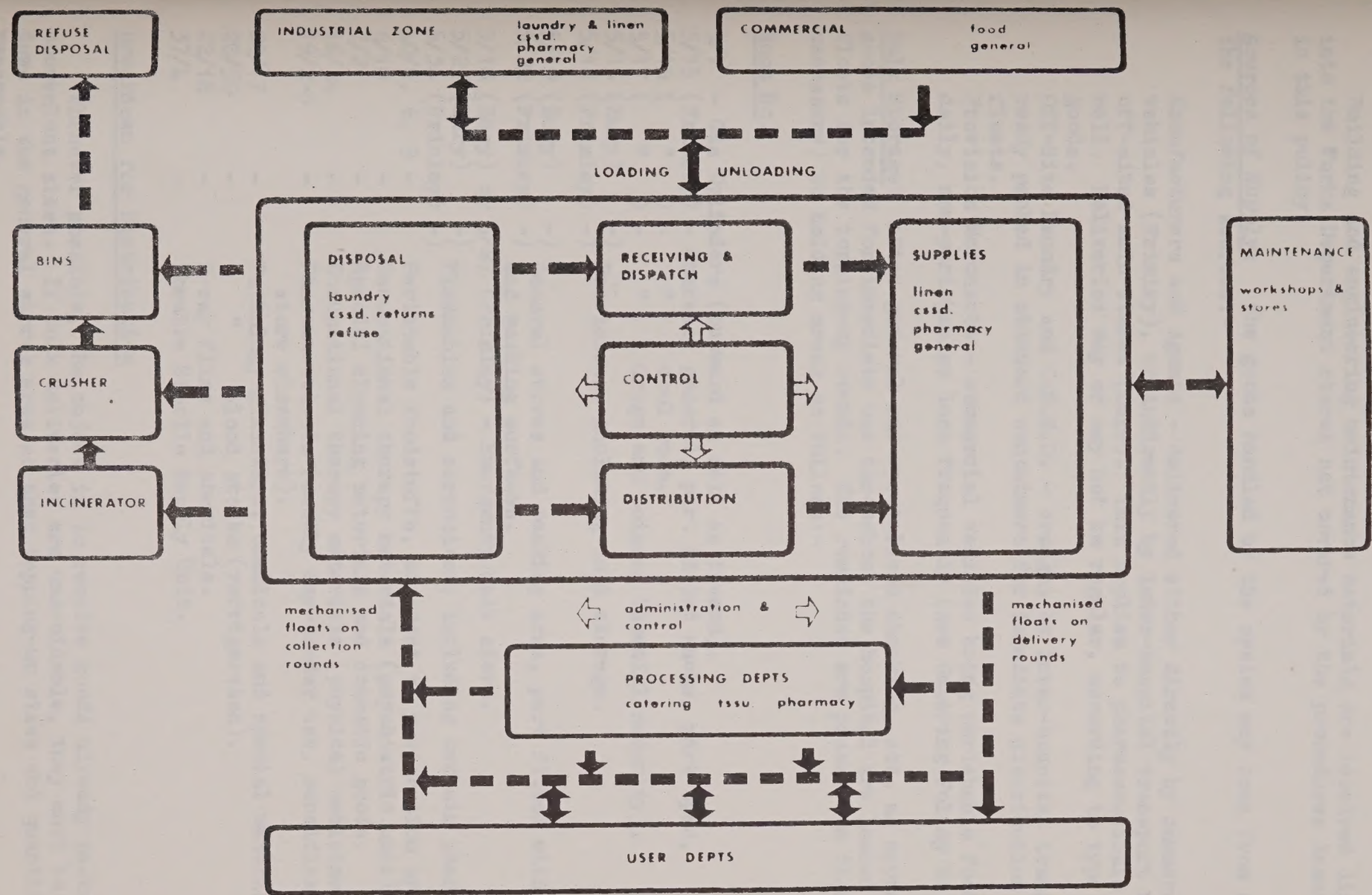
Colour-coded polythene and paper bags are available in the sluice/ disposal areas to facilitate the initial sorting of waste and other material for re-use or disposal. Bags containing infective material must be effectively sealed by the user.

Waste Sorting and Despatch

With the exception of used surgical instruments (processed in the T.S.S.U.) all material for disposal is collected by the floats on regular rounds and conveyed to the sorting area in Supply/Works, where it is disposed of either directly on the spot or indirectly through other agencies.

Management - the day-to-day organisation of the supply and disposal system, including programming of rounds, etc., is the responsibility of the Head Porter.

The Supply and Disposal System



Receipt and Storage of Bulk Supplies.

Ordering, accounting, quality control etc. are described later under Stores Management.

Building and engineering maintenance materials are received directly into the Works Department stores not covered by the procedures described in this policy.

Sources of Supply: the goods handled by the system may come from any of the following sources:-

Manufacturers and Agents - delivered either directly by commercial vehicles (Frimley), or indirectly by inter-hospital transport from off-sited main stores (Bury). This applies to pharmaceuticals as well. Deliveries may or may not be regular, according to type of goods.
Off-Site Laundry and C.S.S.D. - brought by inter-hospital transport, ready packed in standard containers for immediate distribution on floats.
Provision Merchants - commercial vehicles bring perishable foodstuffs daily, non-perishables less frequently (see Catering Policy No. IIE).

Bulk Storage: after general and specialised checking, etc. as appropriate, goods intended for immediate use throughout the hospital are loaded onto floats for the topping-up rounds. The remainder are passed (on floats if necessary) to holding areas as follows:-

Room No.

5/1 - Gas Cylinders (outward as well as inward).
5/15 (Frimley) - Pharmacy general, part fitted racks, part open,
5/16 (") - " cool room.
5/17 (") - " drugs and poisons (special security).
5/15 (Bury) -) Provisions, including cold storage.
5/18 (Frimley) -)
5/19 (Bury) -) General stores and packing area, part fitted with racks
5/22 (Frimley) -) and working surfaces.
5/18 (Bury) or 5/27 (Frimley) - Emergency call store.
5/23 (Bury) -) Flammables and corrosives, including certain pharmacy items.
5/34 (Frinley) -)
40/5, 6, 9 - Perishable foodstuffs, adjacent to preparation areas (kitchen).
6/10 - Occupational therapy materials (psychiatric unit).
7/2 - Special cleaning materials and domestic goods.
16/24 - Occupational therapy materials (physical medicine).
19/2-5 - Pharmaceuticals (mostly day-to-day use, subsidiary to main store elsewhere).
20/17 - Pathology glassware, chemicals and special materials.
20/50 - " blood stocks (refrigerated).
22/18 - X-ray films and chemicals.
37/4 - Theatre Sterile Supply Unit.

Breakdown for Distribution

Whenever possible, the object is to receive goods already packed in convenient sizes. If bulk deliveries are unavoidable, they must be broken down in the general stores area so that topping-up sizes and quantities are reasonable.

Assessment of Main Storage Areas

(B. & F.)	Cylinders			84 sq.ft.	
(F)	Pharmacy	cool room	60~~0~~		(30' run shelving, fridge)
		drugs/poisons	100		(high security cupboards etc)
		general	1010		(600' run shelving)
				1170 "	
(B. & F.)	Provisions			700 "	(incl. 80~~0~~ cold storage
					((fats, milk)
					(slatted shelving 54' run
					((bread)
					(160' metal shelving
					(mobile storage bins
(B)	General Stores				
		Beds and spare fittings*			
		Linen/uniforms	250		
		Stationery	160		(
		Hardware/crockery	100		(468' run shelving)
		Soap/detergents	250		(80' run shelving)
		general and disposables	1200		(780' run shelving)
			1960		
	Packing and temp. holding		600		
				2560	(plus circulation)
		(* in Emergency Store)			
(F)	General Stores				
		Bedding	320		
		Linen/uniforms	360		(270' shelving
		Stationery)			(Stationery and hardware
		Hardware/crockery)	1400		(536' run
		Soap/detergents)			(general 1000' run of shelving
		General			(
		Disposables and Bulk	950		(open area)
		Samples and high security	200		(separate room)
		Packing etc.	800		
				4030	(plus circulation)
(B. & F.)	Flammables etc.,	general	100		
		pharmacy	120		
				220	

(L. & F.) Cylinders

(F)	Pharmacy	cool room	60*
		drugs/poisons	100
		general	1010
			1170

(L. & F.) Provisions

(H)	General Stores		
	Beds and spare fittings*		
	Linen/uniforms	320	
	Stationery	180	
	Hardware/crockery	100	
	Soap/detergents	280	
	general and disposables	1000	
		1900	
	Heating and temp. heating	600	
		2500	(plus circulation)

(* in Emergency Stores)

(F)	General Stores		
	Beds/cots	120	
	Linen/uniforms	360	
	Stationery		
	Hardware/crockery	1400	
	Soap/detergents		
	General		
	Disposables and Milk	920	
	Spades and high maintenance		
	Heating etc.	800	
		4000	(plus circulation)

(L. & F.) Plumbing etc., general 100
pharmacy 120
220

Internal Distribution

The efficient operation of the topping-up system depends upon:

- Precise assessment and regular review of demand for all items in constant use. (See later for Management aspects).

- Maintenance of adequate stock levels at Supply centre.

- A programme of deliveries (and collections) which spreads the workload over the whole day, although the frequency of rounds may vary from twice-daily (e.g. for o.p. clinics) to once-weekly (for such minor items as hardware and stationery); there may be a limited need for weekend deliveries.

- A firm availablity of floats and "drivers" based on that programme, and supplemented from the general porter's pool with appropriate priority.

- Unhindered access to local supply points during scheduled rounds.

- Simple methods of indicating stock levels at the local supply points.

- Confidence of users that the system is capable of meeting all normal requirements without their own intervention.

- Availability of equally simple arrangements for supplying their abnormal and emergency needs by direct requisition.

- Regular co-operation between porters, stores and works department staff, who all have a vital contribution to make.

Daily Programming

In determining the optimum usage of floats and porters, the following factors have to be taken into account:

- Timing of routine transits between supply centre and off-site laundry and C.S.S.D.

- Need to keep down traffic in certain areas during busy working periods. Policy No. IIA and Development Plan indicate that these are likely to be the ground floor streets at front and left side, together with the departments they serve, notably o.p.d. Deliveries for these areas must be made before the morning (and afternoon) sessions start.

- Need to give priority to catering requirements - meals and beverages - at certain times of day; this affects both access to wards and the availability of floats.

- Need for special point-to-point journeys, eg. between central milk kitchen and children's ward.

Residential Accommodation

The staff residences will require regular deliveries of linen, cleaning materials, etc. The focal point for these domestic activities is the warden's office with associated stores in the social centre, which must have an appropriate entry in the programme of delivery rounds.

Local Supply Points

In all except the psychiatric ward, the supply point adjoining each nurses' station is equipped with storage cupboards of the "pass-through" type, i.e. goods are capable of being loaded through sliding doors on the outer side and are then available for use direct from the shelves on the inner side. The cupboards open off the link corridor, which is separated from the main ward area by swing doors; deliveries can thus be effected with minimal disturbance to the ward and its occupants, and at any convenient time outside the regular catering hours.

For the psychiatric ward, and other user departments, principles similar to those above have been applied wherever the design permits. In cases where it is impracticable to instal double-sided cupboards, the delivery man must carry his supplies into the room, but his float can still be close outside the door.

Access

This door is usually quite near the entrance to the department, but there are a few instances where user convenience prevails over supply convenience, i.e. where the supply point/staff base has to be centrally located within the area of greatest use. This means that delivery floats must actually be brought inside the department, which of course should only be done during quiet periods, as noted under "Programming". These instances are:-

Psychiatric Ward - a single base covers the needs of both inpatients and day patients.

Central Staff Changing - stocks of clean uniforms, etc. are required for immediate personal issue.

A. and E. Department, Ante-Natal Clinic, O.P.D., Physical Medicine - treatment needs predominate.

Intensive Therapy Unit - a transfer discipline may have to be imposed at entrance.

Stock Levels

In the majority of cases the storage cupboards conform to a regular pattern as regards shelving, arrangement of items, etc. This facilitates the task of the delivery porter, who need only refer to a simple quantity-marking on the relevant shelf (or perhaps just a "height-line" in the case of standard-sized packs) to determine what replenishment is needed for each item.

The importance of maintaining user morale means that every supply point must be fully topped-up to the recognised levels at the due time, even though the float might have to make a return journey because there had been exceptional demand somewhere on the round.

User Participation : Normal and Emergency

Within wards and departments, the local staff have to break down the stocks by trolley from the local supply points to the actual user areas. Although this intervening distance may be 100 ft. or so in some cases, the task is made easier by the provision of sub-storage for linen, etc. at convenient points, e.g.:-

Operating Theatres, Central Treatment Rooms, Isolation Ward - pass-through cupboard for each room.
Psychiatric Ward, Day/Emergency Unit, X-ray Department - sub-store further along corridor.
A. and E. Department, Fracture and Ante-Natal Clinics - bench-height cupboards in staff workspace.
O.P.D. - all examination and treatment rooms have internal cupboards
Labour-suite - the abnormal delivery rooms have their own separate clean utility area.
Wards generally - trolley-parks in corridor outside multi-bed areas.

Management - the timing of this local breakdown process is fitted into the normal daily routine of the wards and departments, under appropriate supervision, but it should precede the scheduled delivery round. There is normally no need for stock-checking or requisitioning, but the Supply Department must be able to count on full co-operation in determining stock levels, and on speedy notification of changing work-patterns or unexpected shortages of major items.

Supply and replacement of furniture and equipment is of course an occasional affair and outside the scope of these day-to-day arrangements.

Emergency Supplies

The Emergency Call Store in the supply centre is under general stores management and serves two different purposes, i.e.:-

(a) It holds the hospital's reserve stock of those particular items of furniture or equipment (eg. cots, respirators, etc.) which may be only rarely needed outside the specialised departments. Such items are returned to this Store after use - and cleaning if necessary.

(b) It holds small stand-by stocks of items in common use, to meet immediate needs when the main store is closed down. These stocks have to be topped-up by stores staff, either by inspection or preferably by advice next day from the emergency user concerned, perhaps via Head Porter.

At night-time and weekends the key to this store is kept on the master keyboard for use by duty porter; otherwise it may be issued only against a signature.

Drugs and Other Special Supplies

To enable the Chief Pharmacist to discharge his particular responsibilities, and to ensure that dangerous and addictive drugs are always safeguarded against theft or misuse, pharmaceuticals need a well-controlled system of internal distribution. This subject is known to be under review in various quarters, but the following arrangements are proposed to suit the existing design, without inhibiting the prospect of future development.

1. Wards and main user departments each have their own labelled and lockable drugs hamper for daily transit to and from pharmacy. Master keys are held by the Pharmacist.

2. The timing of deliveries - morning or evening - is a matter for local arrangement.

3. At the start of each 24-hr. period, the special pharmacy porter brings a float to the issue lobby (Room 19/6), loads it with filled hampers and goes on his rounds.

4. For each hamper delivered to the ward/department he collects a signed receipt.

5. After completing deliveries the porter returns to pharmacy for standby duties, which may sometimes include minor storekeeping.

6. At ward/department level a trained nurse is responsible for the safe unloading of the hamper and the proper distribution of its contents, which will include the drugs for the D.D.A. cupboard. The hamper then rests in disposal room.

7. Towards end of period, nurse prepares requisition for next day's supplies, obtaining doctor's signature where necessary.

8. Pharmacy porter goes round with float, collecting requisitions and empty hampers; the former are passed to Pharmacist, the latter are placed on "dollies" in issue lobby.

9. Pharmacy staff wheel the hammers into dispensary, make up orders as instructed, then return filled and locked hampers to lobby to await next delivery round.

Security is fully dealt with later under the general "Pharmacy" heading.

Emergency (Night) Supplies - the issue lobby contains a built-in security cupboard with tiered shelves, which is stocked up by the Pharmacist with any drugs, etc. likely to be required in emergency. Standby keys to this lobby and cupboard are kept by the Night Superintendent, who may only release them on a doctor's written request for the items needed immediately and who ensures that a receipt is left for those items.

Minor Ward Catering Supplies (see Policy No. IIE)

In addition to the daily service of main meals and routine beverages to wards, there will be a limited, occasional need for special beverages and so on. The standard "beverage unit" behind the nurses' station was first described in Policy No. IIC. Arrangements for supplying the commodities used here, whether on a weekly (dry goods) or daily (fresh milk) basis, are the responsibility of the Catering Officer.

Disposal: Primary Sorting

T.S.S.U. procedure is described in Policy No. VB.

The procedure for disposal of dead bodies is dealt with under Mortuary (Policy No. VF).

Human remains from operations, post-mortems, etc. are separately conveyed to the disposal area for "priority incineration", a category which may also cover certain other types of waste (see below).

The success of the disposal system depends to a large extent upon the proper initial sorting of used goods, for re-use (after processing) or destruction as appropriate. The sluice/disposal areas in wards and user departments are planned and equipped for this purpose. Domestic or other internal staff are expected to classify all the disposable material which is collected and place it in the correct receptacles; the full list of these might be as follows:-

Linen in colour-coded polythene bags:

(a) requiring special preliminary treatment (sluicing, etc.)
or (b) for normal laundering.

Other Returns in own containers as supplied:

(a) C.S.S.D. (including separate category of babies' bottles and teats)
(b) Pharmacy "empties".
(c) Milk bottles (if used)

Refuse in colour-coded paper sacks:

(a) priority incineration
(b) routine "
(c) tins for crushing
(d) bottles for crushing

Dry Waste Paper for salvage may possibly be bundled and tied with string.

Special catetories (e.g. used X-ray film, scrap metal from Works Dept., worn furniture, confidential papers for shredding) in bins, etc. as appropriate.

Proposal: Primary Sorting

C.S.S.U. procedure is described in Policy No. VII.

The procedure for disposal of dead bodies is dealt with under Informal Policy No. VII.

Human remains from operations, post-mortems, etc. are separately conveyed to the disposal area for "priority incineration", a category which may also cover certain other types of waste (see below).

The success of the disposal system depends to a large extent upon the proper initial sorting of used goods, for re-use (after processing) or destruction as appropriate. The sluice/disposal areas in sepsis and water department are planned and equipped for this purpose. Dressings or other internal stuff are expected to classify all the disposable material which is collected and place it in the correct receptacle. The full list of these might be as follows:-

Linen in colour-coded polythene bags:

(a) requiring special preliminary treatment (plaster, etc.)
or (b) for normal laundering.

Other Matters in own containers as supplied:

(a) C.S.S.U. (including separate category of bedpans, bottles and tests)
(b) Pharmacy "expiries".
(c) Milk bottles (if used)

Metals in colour-coded paper sacks:

(a) purely instrumentation
(b) tooling "
(c) tins for crushing
(d) bottles for crushing

Dry Waste Paper for salvage may possibly be bundled and stored with wrapping.

Special categories (e.g. used x-ray film, scrap metal from sorts bent, surplus furniture, confidential papers for shredding) in bins, etc. as appropriate.

Control of Infection

It is the responsibility of the person who places infected waste in a (colour-coded) receptacle for disposal to ensure that such receptacle is immediately sealed in the approved manner with staples and/or sticky strip. It may then be conveyed by normal means, i.e. via the main disposal area for the ward/department concerned to its destination in the supply/works building without endangering other patients or supplies.

Even in the operating department this method can be accepted as an adequate safeguard if the bag-sealing is done within the theatre, and it enables the same internal corridor to be used for all supply and disposal transits between theatres and T.S.S.U.

The T.S.S.U. and other potential sources of infected material such as Mortuary, Isolation Unit and Maternity Segregation Unit have their exits as close as possible to the ramps leading to supply/works building, so there would normally be no occasion to transport such material through the busier streets.

On arrival in the works area the bags are incinerated without any need for unsealing. The care taken to ensure that combustion products are discharged at safe heights has already been noted in Policy No. IIB.

With proper staff discipline this system should meet all foreseeable circumstances, but it naturally has to be kept under regular review by the Control of Infection Officer.

Disposal Rounds

The fact that all disposable material is securely "bagged" before it leaves the wards/departments should ensure that the floats collecting that material are usually subject to very little soiling, such as can easily be removed by wiping down with a disinfectant/detergent. Thus there is no need to keep them separate from those on the supply side; the programme of rounds can be drawn up for most effective and economical use of all the floats available.

This also helps to avoid too much cross-traffic in busy areas, as the disposal rounds should normally be timed for the end of working sessions (see under "Programming").

The timing and nature of disposal rounds also depends upon other factors such as the frequency of inter-hospital transits to laundry and C.S.S.D., and may be influenced by the local authority's refuse collecting service. It will probably be convenient to have separate rounds for each category of disposable material as listed earlier, although some may be combined. The rounds must cover residences as well as user areas in main building.

Access Points for collections are generally no less convenient than for deliveries, and in a few cases rather more so (additional points). The design minimises disturbance to patients, but in the following instances, for reasons already noted under "Supply", the disposal float has to come right inside the department:-

Psychiatric Unit.

Administration - Staff Changing Area.

A. & E., Ante-Natal and Outpatient Departments.

Physical Medicine Department

Labour Suite.

Disposal Destinations

When the floats arrive at the Supply/Works building the waste and used material they have collected is dealt with in the following ways, under the general responsibility of the Head Porter:-

Laundry/C.S.S.D. Returns are held in bay (Rm. 5/16 Bury, 5/28 Frimley) outside sewing-room to await collection by inter-hospital transport on regular run. There is no sluicing of foul linen prior to despatch, and the impervious bags remain unopened until arrival at laundry.

Central Incinerator accepts combustible waste and human remains from all parts of the hospital. There are clear-cut engineering advantages (maintenance, control of effluent, etc.) in not providing facilities for local incineration anywhere else. Arguments in favour of off-siting this service to the industrial zone were discounted by the resultant need to transport the waste etc. through the streets, with possible public health risk.

Crusher deals with empty tins and bottles separately, reducing the bulk for collection.

Waste Bins (i.e. large containers) receive all crushed and/or incinerated refuse for collection by the regular local authority service. Salvaged paper may be separately bundled and baled for collection by same service.

Special Items (e.g. gas cylinders, pharmacy containers, milk bottles if used, kitchen swill if saleable, etc.) are held in convenient places to await collection by vehicles which can pull up right outside.

Upkeep of Floats (including regular trickle-charging of batteries).

This is carried out in the area marked "distribution" (No. 1/39); the porters may seek craftsmen's assistance if necessary.

Sewing Room and Linen Repair

The seamstresses working in this area have two main functions:-

(a) the repair of linen, uniforms etc. which have been laundered but are unfit for immediate reissue.

(b) fitting and alteration of new uniforms, etc.; also perhaps making-up new material for certain hospital needs, e.g. overalls, curtains and loose covers.

Over the years the balance of work-load is noticeably shifting from (a) to (b). This makes it more desirable that the hospital should have a fitting-room, and less desirable that the laundry should include repair facilities. (A further point being that the condemnation of unrepairable linen and uniforms is not the responsibility of the laundry manager but of the supplies officer - See below).

Different circumstances affecting the planning of off-site laundry and on-site stores facilities in each of the two localities have led to different arrangements for carrying out the above functions, i.e.:-

Bury - associated with the laundry there is a traditional repair and sewing-room which should continue to function satisfactorily when the laundry is upgraded and enlarged. The supply centre at the d.g.h. therefore includes only a fitting-room (Rm5/17).

Frimley - establishment of group stores at the d.g.h. justifies the inclusion of full sewing and repair facilities (Rooms 5/30-33). The content of the new area laundry now being planned at Farnham has to take account of this provision.

Condemning Worn-Out Items

The need for a simple and effective "write off" procedure for unserviceable furniture and equipment has already been mentioned in Policy No IIC. The same need applies to linen, etc. which is first deemed unfit for reissue after laundring then found to be beyond repair; the supplies officer must guard against staff time being wasted on such items.

Stores Management. (excl. Pharmacy and Works Dept.)

N.B. Bury:- area supplies H.Q. at Fulbourn (see Policy No.IA); hospital supplies only at d.g.h.

Frimley:- group supplies organisation at d.g.h., serving also Farnham and Fleet.

Storage of foodstuffs is mainly the concern of the Catering Officer (see Policy No.IIE).

Cleaning arrangements are described in Policy No.IIC.

As the changes recommended in H.M.(66)69 with Report - and H.M.(67)95, although more advanced in one region than the other, have still not settled into their final form, this Policy cannot yet include a very firm indication of administrative responsibility. Broadly speaking it is likely to be as follows:-

(a) There is an office provided in Administration for the Group Supplies Officer; however it is used, the H.M.C. must clearly be able to refer to someone who has adequate authority to advise them on supply matters and to carry out their policy decisions. This officer naturally makes use of the central secretariat for typing etc. services.

(b) The day-to-day management of the supply centre's business i.e. ensuring that goods are received, checked and stored, and that normal and emergency user-requirements are satisfied with the least possible delay - these functions are discharged by a storekeeper-clerk from his office within the reception zone.

(c) Whereas (a) and (b) apply to both Bury and Frimley, the intermediate level of ordering, quality control, receiving travellers and samples, main stock-taking and accounting is variable between the two. For Bury, it is wholly carried out at Fulbourn.

(d) In the case of Frimley there are offices in the supply centre for the supplies assistant, typist and clerks, also a samples store, so that the full range of management functions can be undertaken on the spot.

Security and Fire Precautions

This is a high-risk area demanding special precautions. Outside doors, shutters, etc. which give delivery access to storage areas must all be properly locked and bolted when the staff go off duty, as also must the internal doors connecting supply centre to rest of hospital.

The Emergency Call Store is separately locked and key held at master keyboard.

Reference was made in Policy No.IIB to the thermal/smoke detectors and alarms needed to safeguard this area and its contents in case of fire.

Replacement of Furniture and Equipment

Although the hospital is starting with new equipment almost throughout, some obsolescence must be budgeted for annually, from the beginning, otherwise renewal costs can become a major problem after, say, ten years or so. Write-off procedures are mentioned on previous page.

Stores Staff

Bury	1 storekeeper-clerk [6 storemen/porters - see Policy IIH]
Frimley	1 supplies assistant 1 typist 2 clerks 1 storekeeper-clerk [6 storemen/porters - see Policy IIH]

Staff Facilities

There is a male staff cloakroom in the works department.

At Frimley there is also a female staff w.c. adjoining the sewing-rooms.

All other facilities (showers, staff-changing, rest-rooms, canteen, etc.) are available centrally, within the main building, and described more fully in Policy No.IIF.

Pharmacy Department Organisation - Bury

Policy No.IA indicates that certain of the functions which usually fall within the pharmacists' province have been off-sited for reasons of efficiency and economy. Other rationalisations also adopted mean that the allocation over the whole range is now broadly as follows:-

At Newmarket Pharmacy - bulk storage, manufacture and breakdown; main supply of sterile products; quality control laboratory.

At St. Mary's (C.S.S.D.) - supply of topical fluids and surgical dressings.

At D.G.H. (Supply Centre) - in and out handling of gas cylinders.

At D.G.H. Pharmacy - subsidiary storage of day-to-day stocks (drugs, gases, fluids, etc.) for use in dispensary and elsewhere as required; emergency preparation of sterile products; dispensing of prescriptions for in-patients and out-patients; administration and records for the Group.

The Chief Pharmacist is not directly responsible for the ordering and storage of general medical supplies, instruments, dressings, syringes, etc., but he has to liaise with the supply centre and advise as necessary on quality and technical aspects. He also advises the H.M.C.; carries out policy decisions; observes statutory requirements (e.g. Poisons Register); and assists the medical and nursing staff in pharmaceutical matters.

Apart from professional aspects, the main functions of the department under his control include the maintenance of technical references, upkeep of records, and production of statistics.

The control and maintenance of surgical instruments is undertaken by the T.S.S.U.

Security.

It is essential to safeguard the hospital's stocks of drugs and poisons at all times against theft or misuse. Records of issues and receipts, and the system of locked hampers for deliveries to user departments, are precautions which have already been mentioned.

All rooms in the pharmacy department which contain drug stocks - including the issue lobby with hampers awaiting next day's delivery - have protected windows and doors that can be locked up when the department is vacated at night; keys are held only by the Chief Pharmacist and the Night Superintendent. Poisons cupboards have built-in audible burglar alarms.

General security patrols, etc. are described in Policy No.IIH.

Pharmacy Department Organisation - Frimley

The absence of R.H.B. area supplies arrangements covering this locality means that the rationalisation of the various pharmacy functions can only be on a Group basis, i.e:-

At Farnham Pharmacy - main supply of sterile products: quality control laboratory.

At Farnham (C.S.S.D) - supply of topical fluids and surgical dressings.

At D.G.H. (Supply Centre) - bulk storage manufacture and breakdown of drugs and chemicals; in and out handling of gas cylinders.

At D.G.H. Pharmacy - subsidiary storage of day-to-day stocks for use in the dispensary and elsewhere as required: emergency preparation of sterile products; dispensing of prescriptions for inpatients and outpatients; administration and records for the Group.

The Chief Pharmacist is not directly responsible for the ordering and storage of general medical supplies, instruments, dressings, syringes, etc., but he had to liaise with the Supplies Officer and advise as necessary on quality and technical aspects. He also advises the H.M.C.; carries out policy decisions; observes statutory requirements (e.g. Poisons Register); and assists the medical and nursing staff in pharmaceutical matters.

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Security

It is essential to safeguard the hospital's stock of drugs and poisons at all times against theft or misuse. Records of issues and receipts, and the system of locked hampers for delivery to user departments, are precautions which have already been mentioned.

All rooms in the pharmacy department which contain drug stocks - including the issue lobby with hampers awaiting next day's delivery - have protected windows and doors that can be locked up when the department is vacated at night; keys are held only by the Chief Pharmacist and the Night Superintendent. Poisons cupboards have built-in audible burglar alarms.

Store-rooms in the supply centre have only high-level grilled windows. The outside doors can be shuttered as well as locked, and the installation of burglar alarms is desirable. There is no provision for night-time access from within the hospital. The poisons store has an alarm system which registers at the telephone switch-room.

General security patrols, etc. are described in Policy No. IIH.

Dispensing of Prescriptions

Arrangements for daily deliveries to wards and other user departments have already been described in detail under "Supply".

For out-patients who require prescriptions to be made up before they return home there is a limited waiting area at the entrance to the dispensary, accommodating 10-12 persons. During very busy periods they may be asked to hand in the prescription and wait in the concourse for 10-15 minutes until it is ready; a simple method of recall might be to give each person a receipt bearing a serial number or time-marking. Reference back to clinics with odd queries must be kept to a minimum.

The supply system should ensure that the dispensary area is stocked up regularly with all the materials expected to be needed for the day's work-load. Every effort should be made to avoid an exceptional delay (which may mean the patient missing his ambulance transport) or the necessity of a return visit just to collect the prescription.

The possibility of having to restrict out-patient attendances at the hospital pharmacy for staffing reasons cannot be entirely discounted.

Payments and Exemptions

It is the responsibility of Administration to organise a payment system which satisfies the statutory requirements described in H.M.(68)30 and H.M.(68)79 - or any later memorandum - while imposing the least additional work-load on the pharmacy staff themselves. In particular they should be relieved of any need to account for cash receipts.

Pharmacy Staff

A suitable establishment for this department might be:-

1 Chief Pharmacist
1 Deputy Pharmacist
1 Clerk
[1 or 2 Porters - see Policy IIH]

Staff Facilities

Toilets are provided outside the department, a few yards along the street (adjacent to X-ray entrance). Other centralised facilities (changing- and rest-rooms, canteen, etc.) are quite near at hand, and these are fully described in Policy No.IIF.

Final "Best Buy" Planning Policy No. IIE

CATERING

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File Ref. J/H189/19

Purpose

The Catering Department shares a number of common interests with the Supplies Department and with the overall policy on delivery and disposal as already described. However, its own specialised functions are important enough to justify the production of this separate policy document.

The main object is to ensure the provision of all types of meals and beverages that patients, staff and visitors may require while they are on the premises, at normal or abnormal times. The menu should be as varied as possible, but naturally subject to strict budgetary control. Therapeutic diets must be supervised and prepared according to prescription.

Patients' meals may be served at their bedsides or in dayrooms. Staff meals may be served in the central dining room or the snack bar. It is hoped that the catering organisation can achieve a high standard of efficiency for the various types of service without tending to become soulless and impersonal. The beneficial effect of good food, attractively served in pleasant surroundings, is always worth keeping in mind.

References Hospital Building Notes Nos. 10 and 11,
H.M. (67)8 re charges for staff meals.
"Hospital Catering" (HMSO, 1962).
Hospitals Year Book, 1968, Section 18.

Assessment of Meals Figures

Staff Dining: On the basis of the first provisional staffing estimates, the following calculations were made for the purpose of determining "main meals" size of catering department:-

Nursing:	529 @ 75% use	=	397
	less night staff		40
			357
Medical:	65 @ 75% use	=	49
A. & C., P. & T.:	135 @ 75% use	=	101
Ancillary:	190 @ 40% use	=	76
	Total	=	583

(i.e. approx. 1.1 staff meals per bed)

On B.N. basis of 2½ meals per dining place, total need is 233 places.

Dining room provides 180 places.
Snack bar " 75 " (to include visitors, etc.)

Kitchen Meals

Total of Beds for inpatients and day-patients (not cots) is 553,

@ 85% occupancy gives a need for	470	main meals.
Add staff using dining room	450	(2½ x 180)
also Night Meals	40	(chilled & reheated).
	960	
In addition there may be up to	50	or so day-attendances
for the midday meal in psychiatric & geriatric units =	1010	appr. total

Snack Bar Meals - say 200 at the peak period. This includes specifically for staff who may wish to have light meals as an alternative to using the dining room, and estimated at about 25% of the total need as above.

Organisation & General Principles

A number of options were identified for cost evaluation during the planning of this service. Some have already been mentioned in Policy No. IID. Others were related to bulk supply of milk, meat and vegetables and have been influenced by local conditions. One or two are still unresolved.

Ordering, Receipt & Storage of Supplies

The allocation of functions between Supplies & Catering Departments is mainly a matter of mutual agreement. Policy No. IID. has described the way in which storage space, too, is allocated between the supply centre and the kitchen area, for planning convenience.

Kitchen.

Location - first floor, fairly central but near supplies ramp - is related to the inpatient accommodation (see Policy No. IIA). Layout planned for work-flow from storage / preparation to cooking to both serveries i.e. for staff dining room on one side and for ward tray-service, etc. on the other. Diet preparation bay is incorporated.

Tray/Trolley Service to Patients

Plated meals on individual trays, with menu-choice, for almost all upper wards; bulk food supply to sub-serveries for remainder, mostly on ground floor. Internal distribution of meals is undertaken by ward staff, but not washing-up (with minor exceptions).

Routine Beverages from Still-Room

This service, too, is mainly centralised, but there are boilers at ward entrances for last-minute tea infusion. The still-room serves staff needs as well by hoist connection to coffee-lounge directly below.

Occasional Ward Beverages, etc.

The centralised system for all regular deliveries minimises the need for ward pantries as such, except on ground floor. However, the storage and preparation of occasional drinks and light snacks is facilitated by the provision of "beverage units" as described in Policy No. IIC.

Catering for Staff

"Pay-as-you-eat" choice between central dining room for scheduled main meals and snack bar for light meals, etc. at any time. The latter offers (reheated) main meals for night staff, also general "sandwich-room" facilities.

Snack Bar in Concourse

Varied requirements for patients, staff and visitors are provided here throughout the 24 hours, i.e. beverages and light meals. There is a hoist connection to make the same facilities available to day-patients in ward directly above.

Central Wash-up

With a few exceptions, including the snack bar, all used crockery and cutlery is collected and returned to wash-up in kitchen area, a system which shows advantages over local washing-up arrangements.

Receipt & Storage of Supplies

Bulk non-perishable provisions, bread, milk and fats, are received direct into the provisions store in supply centre. The layout includes shelves and open racks, mobile bins, cold rooms for milk and fats, and deep-freeze cabinets.

The catering officer is responsible for authorising the daily issues from this main store to all user departments throughout the hospital; in which category must be included the subsidiary dry store, larder and cold room associated with the kitchen.

Other stores associated with this kitchen receive all perishable foods direct by float from the offloading bay in the supply centre. The transit distance is little more than 50 yards. There is one store for vegetables and another for meat and fish, both cooled to suitable temperatures, and each accessible from the relevant preparation bay.

The declared policy of purchasing ready-prepared goods wherever possible has enabled both storage and preparation areas for these perishables to be kept to a minimum. The demand on waste disposal facilities should be reduced by the fact that most vegetables are already peeled and sliced. The use of jointed, portioned meat avoids the necessity to provide a butcher's shop.

The storage needs of the diet bay are included with those above.

Food Preparation & Cooking

Cooking Area - this space is bounded as follows:-

on rear (street) side, by "conveyor belt" for patients' tray-service.
on front (dining room) side, by servery for staff meals.
on left side, by chef's office and wash-up areas.
on right side, by various preparation and storage areas.

The layout of equipment and associated services in the central space should not inhibit a certain amount of variation later if circumstances demand. "Modular" equipment has been selected to provide the necessary capacity in minimum space and to make cleaning easier. Portion control is assisted by the use of standardised containers designed to fit into both the cooking and the service equipment.

Vegetables - the preparation bay leads directly off the store and is designed on the basis that most of the vegetables bought should need little further attention (other than washing) before they are transferred to the cooking area. The main work-load is likely to be the preparation of salads and fruit.

Meat and Fish - the bay is closely associated with the equipment used for cooking the meat and fish dishes which are prepared here, also with the larder and cold room where prepared dishes need to be stored in order to maintain correct standards of food hygiene.

Pastry - the bay is sited for ease of access to the larder and dry store, and close to the equipment which is used to cook the sweet dishes and confectionery prepared here.

Diet Bay - this provides for the preparation of special items needed to supplement the food available from main kitchen, for therapeutic diets; the main cooking equipment is used.

Patient's Tray-Service (First Floor)

The comparative merits of an individual plated service of meals are now well-known, and for these two hospitals the detailed investigation of several available systems has led to the adoption of a modified conveyor-belt method.

It is a "double-pass" method, necessitating some staggering of meal-service between different wards within the overall allocation of about one hour.

The central location of the kitchen means that none of the inpatient wards on same floor is more than 1½ minutes' trolley-travel away.

Menus

There should be a choice of dishes for all meals, including suitable food for patients on light diets. Individual menus have to be circulated to all patients, on which they can record their choice of meals for the next 24 hours. A convenient time for this must be arranged between the catering officer and ward staff.

The menus are planned jointly by the catering officer and dietitian, so that as many as possible of the patients on therapuetic diets may select suitable items from this general range.

Therapeutic Diets - the dietitian checks the choice and service of meals for those on therapeutic diets and is responsible for ensuring that the non-menu items are provided from the diet bay as required.

Delivery

1. Trays and plated food are assembled on the conveyor belt according to each patients' choice and then loaded onto trolleys for distribution. Each tray contains all necessary crockery and cutlery, but teapots are kept separate for final infusion at ward "boiler-points" (see later).

2. As soon as they are loaded, trolleys are taken by porters to their destination and handed over to ward staff. It may be desirable to use motorised tug assistance for the longest journeys.

3. The ward staff deliver each tray to its named recipient, whether in bed or ambulant.

4. Nursing staff can then assist any patient who may have difficulty with feeding.

Trolley-Park

Close to the conveyor-belt and exit to street there is an open space in which 21 trolleys* can be parked; it is equipped with suitably-mounted electric points for heating the trolleys before they are loaded and despatched. Maintenance and minor repairs may be undertaken here or in the works department.

*15 tray-service and 6 bulk service.

Food Delivery to Other Wards

Several considerations have led to the choice of a different system of meals service to other parts of the hospital, i.e. (not in any order of priority):-

Psychiatric & Geriatric - more dependent inpatients need individual assistance from staff over choice of dishes and size of portions as well as actual feeding. For the majority who are not bedfast, tray service is less convenient when eating at tables.

Psychiatric & Geriatric - the addition of 50 or so day-attendances for midday meals on a rather irregular basis could make the system of prior menu-choice difficult to operate.

Paediatric - widely-differing requirements for children of all ages would not be easy to cater for within the standard system.

Isolation - infection control necessitates keeping own stocks of crockery and cutlery strictly within the unit, and not sending them on trays to and from central kitchen.

Ground Floor generally - even if plated meals had been suitable, delivery on trolleys down a sloping ramp might present difficulties of levelling, etc.

In all these cases, therefore, food delivery is by means of bulk heated trolleys to sub-serveries for local plating and distribution. These trolleys are parked with the others used for tray-service. To avoid confusion in kitchen, the trolleys ought to be loaded before or after the first floor tray-service takes place, but suitable times need to be agreed between catering officer and nursing officers in charge. Although the psychiatric and geriatric wards do not have tray-service their used crockery is still dealt with by central wash-up arrangements (see later)

Sub-Serveries:

- Psychiatric & Geriatric: in each case there is a ward pantry associated with the main day/dining area. It is equipped to provide a cafeteria-type service for walking patients and an individual tray-service for the remainder in their beds or chairs. Staggered deliveries enable double sittings to be arranged as necessary.

- Isolation: clean/dirty procedures as described in Policy No. IIIA necessitate the provision of twin pantries with hatch connection, enabling the reception and return of the bulk food trolley to be kept quite separate from the individual distribution within the unit (using own crockery).

- Children: There is no ward pantry as such, only a bay for infant feeds; however, the serving of meals from the heated trolley to the individual children can take place at any convenient point within the open ward area. The possibility of some tray-service direct from the kitchen, e.g. for mothers accompanying their babies or for teenagers, should not be ruled out.

Patient's Dining Room - detailed examination of the need to provide a central dining room for fully ambulant patients, with its attendant complications regarding type of service, etc. has led to the proposal being dropped.

I.T.U. and Staff Health Clinic - limited demand for these areas can normally be incorporated with tray-service to nearby wards, but there are insulated plate-carriers available in case of need.

Routine Beverages

By "routine" is meant those taken round the wards at regular times - early morning, mid-morning, afternoon and late night - but independently of meals, i.e. not including breakfast and supper. Nevertheless the service conforms to the same pattern as for meals; it is basically centralised for the first floor wards and basically localised elsewhere.

To take the latter case first, each of the ground floor ward pantries is intended to produce all the beverages needed there. They hold their own stock of teapots, cups and saucers which necessarily have to be washed up on the spot, using a combined detergent/sterilant, and kept separate from any central crockery deliveries and returns at mealtimes.

In the case of the children's ward special arrangements may be necessary, depending on the varying demand.

Still-Room

The central kitchen provides routine beverages for first-floor patients by means of a trolley-service from the still-room. Catering staff prepare and deliver the beverage trolleys, internal distribution being undertaken by ward staff. The trolleys are supplied with necessary crockery and hot and cold beverages, but tea is not infused in the still-room. To ensure that it is always freshly-brewed this is done by the ward staff immediately before distribution.

For this purpose an electric water-boiler is provided at the entrance to each ward, quite separately from the facilities at the "beverage unit" which are described later.

N.B. The same boiler is used for the filling of teapots for individual breakfast and supper trays on delivery to the wards.

Occasional Ward Beverages

Elimination of first floor ward pantries necessitates making some other arrangement for meeting occasional needs of certain patients for drinks outside normal hours. There is a beverage unit for this purpose behind each nurses' station, providing storage, heating and washing-up facilities, but only on a domestic scale - it is not really suitable for serving more than one or two at a time. Noise is reduced by acoustic treatment of ceilings, etc.,

Ward staff are responsible for requisitioning the beverage ingredients from the main provision store, as described earlier.

Beverage units of much the same type and function are associated with the nursing staff bases in s.c.b. unit, labour suite, intensive therapy unit, day/emergency unit and staff health centre; also with the staff rest rooms in operating department.

Drinking Water

As indicated in Policy No. IIB, all cold water taps provide a supply which is entirely suitable for drinking.

Patients' water-jugs and glasses are cleaned and refilled by ward staff in the day's normal routine. A double sink/drainer fitment is included for this purpose in the boiler space at the ward entrance.

A limited supply of ice may be obtained from the local refrigerators.

Staff Dining Room

The entrance from the street gives on to a corridor some 15 yards long. It is wide enough to permit queuing at busy periods without hindering the exit of those who may choose to leave by this route after their meal. A secondary exit is available at far end of room, giving on to the open terrace.

Toilet facilities are provided just along the street outside the entrance.

The servery adjoining the kitchen area is designed to allow a standard cafeteria-type service with choice of (priced) dishes for all grades of staff, and it has to include a cash-desk so that the "pay-as-you-eat" requirements can be applied. It is separated from the dining area by a partly glazed screen for noise reduction.

The dining room proper is laid out with small tables in an informal manner. Special attention has been paid to making the decor and lighting as attractive as possible. Although there is no permanently segregated space for medical staff, room dividers are being arranged in such a way as to produce quiet, secluded areas; this method facilitates cleaning and allows complete flexibility in use of space.

After their meal, staff may leave by either exit and take the direct staircase to lounge below.

Supervisor's Office.

This is provided with glazed panels and strategically placed for observation of the whole working area, including the servery and the collection of dirty crockery en route to central wash-up (see later detail).

Cleaning: in the entry-way there is a cleaner's room, the base from which the cleaning of the dining room and servery is undertaken, by catering department staff.

Staff Lounge & Other Facilities

The lounge was placed below the kitchen as a means of enabling a single still-room to provide routine beverages for staff as well as patients without traffic difficulties, i.e. by means of a hoist connection. The hoist can convey a full trolley-load of beverages to the lounge servery every few minutes, and should meet all foreseeable demands during the prescribed periods.

This location also justifies making more general use of the lounge for other purposes, since it is conveniently accessible to all staff working in the ground-floor service departments. It opens on to two courtyards (one across the street), and the attractive layout and decor take advantage of this, with long windows, french doors and outdoor seating in fine weather.

Trolley-Service from Concourse Snack-Bar is provided as follows:-

1. General (daily) rounds, for those few staff who may be unable to leave their ground-floor departments during the recognised coffee and tea breaks.

2. Education Centre (fairly regular) - beverages and possibly also sandwiches, to order, supplied via the sub-snack bars in doctors' and nurses' lounges.

3. Committee Teas (periodic) - supplied to order, for meetings taking place in the committee rooms in Administration.

Operating Department Staff: There is a pantry associated with the internal staff rest rooms for use by staff during prolonged operating sessions. It includes a standard beverage unit, but may also receive prepared beverages and snacks from outside the department, probably via Reception.

These supplies can come either from the snack-bar (via trolley-hoist in the day/emergency unit) or from the central dining room, whichever is more convenient.

Works Department: A local mess-room is available for use as desired.

Concourse Snack-Bar

The services expected to be provided from this snack-bar for the day-ward patients and for certain staff, supplementary to those of the central kitchen and dining-room, have already been mentioned. In addition, its location at the heart of the outpatient reception area should ensure full use by those who are waiting before or after clinics, and by visitors.

The accommodation provides 75 seating places and the necessary self-contained facilities for storage, preparation and cooking of beverages and light meals on demand, and for the trolley-services previously described. There is also special cold-storage and reheating provision for the night-staff meals which are made available daily from the central kitchen.

As with other dining areas, special attention is paid to making the layout and decor as attractive as possible; the method of grouping seats, tables and room dividers ensures a secluded space for the use of staff without spoiling overall aspects. There are courtyards on either side, giving a pleasant outlook and the opportunity of outdoor seating in fine weather.

Cleaning of this dining area is carried out by the snack-bar staff, quite independently of the arrangements for the concourse itself as described in Policy No. IIC.

Central Wash-Up

This should handle all returns from patient and staff meals, with these Exceptions:-

1. The pantry in the isolation unit is designed to deal with the washing-up of all crockery and cutlery used by the patients there. The possibility of using some disposable items to reduce this load is still being explored.

2. There is a limited need for washing-up in the ward pantries in psychiatric and geriatric units, but this relates only to the service of routine beverages which, as noted earlier, are not provided centrally.

3. Crockery for meals and beverages supplied by the snack bar is to be returned direct to that unit for washing-up.

4. A final exception is the small stock of crockery held at each beverage unit for occasional use, which is naturally washed in the sink and put away again by ward staff.

N.B. To avoid confusion between local and central stocks of crockery, some kind of colour - or pattern - coding may be desirable.

Collection and Unloading of Used Trays/Trolleys From Wards

The number of meals and beverage rounds necessary during the day means that no time can be lost in recovering the trolleys and trays and their dirty contents (including waste) to prepare them for reuse. This applies to all user areas throughout the hospital, subject to above exceptions.

The trolleys brought back to kitchen by porters (meals) or catering staff (routine beverages) are unloaded on to the conveyor belt which is then run in reverse, enabling the crockery and cutlery to be sorted and stacked for easier handling. The unloaded trolleys are cleaned before being returned to the trolley-park.

Central Wash-up

This area has to deal with the returns from the staff dining room (direct) and lounge (via hoist) as well as from wards. It is fully mechanised, with careful regard for direction of work-flow. Clean items coming off the "line" are stored on racks, etc. ready for re-use, but the crockery and cutlery intended for meal-service in the psychiatric and geriatric units has to be returned at once to the ward pantries for storage.

Kitchen Cleaning and Waste Disposal

Next to the central wash-up there is a separate bay for pan-wash, with equipment store nearby.

Also in this area there is the cleaner's room, the base from which the cleaning of the whole kitchen is undertaken, by kitchen staff. The layout of equipment and fittings is carefully planned to facilitate this task.

The cleaning of trolleys on return from wards has already been mentioned.

Waste Disposal

The system of buying prepared foods, and the controlled portioning of meals, are intended to minimise the amount of swill generated within the kitchen; the installation of waste disposal machines should eliminate any need for it to be collected and taken away.

The sorting of tins, bottles and other refuse into colour-coded paper sacks for collection is undertaken by kitchen staff in exactly the same way as has been described in Policy No. IID.

There is a waste disposal machine in the Snack Bar, also paper sacks for refuse.

As regards the Isolation Unit, infection control procedures may necessitate special arrangements for collection from the disposal pantry there.

Engineering Services

Kitchen activities are liable to make heavy demands on the engineering services, which must be designed to support the due functioning of equipment and maintain a reasonable environment for staff, even under peak working conditions. Maintenance requirements (access, etc. - see Policy No. IIB) should never be allowed to disrupt the department's daily routine.

Heating and Ventilation

Such limited need of space heating as may arise in the kitchen is met mainly by fan assisted convector units mounted at upper levels for least interference with working surfaces and equipment.

The pressing demand is for adequate ventilation, which cannot be left to natural means. The north-light and clerestory type roof design (for natural light) enables local mechanical extract by fans to be incorporated as required, with canopies over specific items of equipment, e.g. fish fryer. Input air is provided by the convector units, in which the heater element can be switched off during summer months.

Water Supply and Drainage

The kitchen uses large quantities of hot water throughout the working day, in winter and in summer, and this is allowed for in the main installation.

There is ample provision of cold water outlets, for drinking as well as for preparation/cooking.

Drainage mains are sized to cope with the peak load, e.g. during main meal washing-up. All sinks, traps and drains are readily accessible for maintenance purposes.

Refrigeration: Plant room 4/15 is located next to the meat and fish cold store and serves other cooling requirements of the department.

Town Gas: This installation is intended to serve all those items of kitchen equipment for which it is most suitable.

Electrical Installations

All mains, sockets, meters and switchgear are adequately protected against humid conditions, located well above floor level, and easily accessible.

Electric-powered kitchen equipment is not included among the categories covered by the emergency generating plant.

There is good natural lighting over most of the area, supplemented generally by fluorescent tubes ("warm white de luxe") and by tungsten lighting in some areas.

Fire Alarms and Extinguishers are installed as advised by local fire authority.

Catering Management

There is an office in Administration for a Catering Manager, who is provided with necessary typing and clerical support also document reproduction, from the central pools.

Responsibilities include :-

co-ordination of catering services for all hospitals in the Group.

advising the Group Secretary and H.M.C. on catering matters, and implementing policy decisions.

supervising appropriate systems of financial control - stocks, catering costs, payment for staff meals, - as determined by the Group Treasurer.

co-ordination of catering services within the d.g.h., i.e. activities for which the catering officer, dietitian and snack bar supervisor are separately responsible.

organising and supervising training programmes for catering staff.

Hospital Catering Officer has an office just across the street from the kitchen, with adjoining office for assistant and clerk/typist. Responsibilities include staffing and supervision of kitchen, dining room and meal/beverage services throughout hospital, also production of menus jointly with dietitian. Liaison with supply centre on ordering and storage of foodstuffs has already been mentioned.

Dietitian - there is an office for the dietitian adjacent to that of the catering officer, with shared use of the clerk/typist. In addition to supervising the therapeutic diets for in-patients, she has to attend specific out-patient sessions, when a room in that department is allocated for dietetic advice purposes. At other times she may see patients, relatives and staff in her office.

Snack Bar - this is planned to be capable of functioning if desired as an entirely separate organisation, save in two respects:-

(a) ordering and receipt of supplies (not storage) may be through Supplies Department and

(b) main meals for night staff are prepared by central kitchen, then chilled and passed to snack bar for reheating and service as required.

Security (see also Policy No.IIA).

Subject to overall hospital policy, the safeguarding of food stocks in supply centre should be looked after by the staff there, and of food stocks elsewhere by the catering officer. Risk of pilfering demands adequate control procedures.

Catering Staff

The provisional estimate of staff requirements for all catering services in the d.g.h. is:-

Management:	1 Group Catering Manager
	1 Hospital Catering Officer
	1 Assistant Catering Officer
	1 Dietitian
	1 Clerk
Kitchen:	1 Kitchen Superintendent II
	1 Head Cook
	2 Assistant Head Cooks
	6 Cooks
	7 Assistant Cooks
	8 Domestic Assistants
	3 Kitchen Porters
Dining Room; Wash-Up, and Tray Service	1 Senior Supervisor
	2 Supervisors
	4+ Senior Maids
	41+ Service Assistants (Group I)
Snack Bar:	1 Supervisor
	5 Service Assistants (Group II - cash handling).

Reserve for sickness and annual leave @ 10%:-

1 Cook
1 Kitchen Maid
5 Service Maids.

Staff Facilities

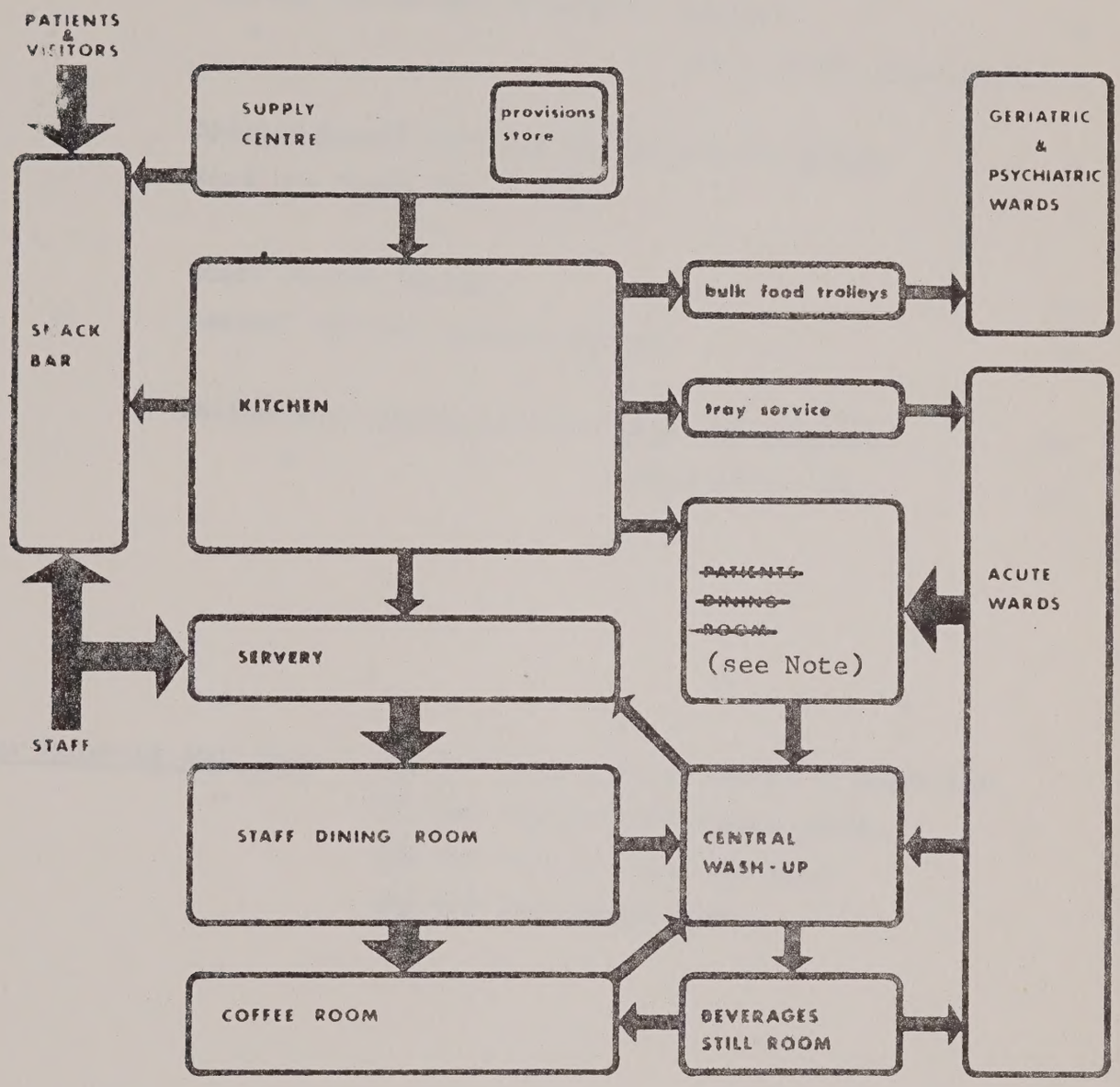
There are w.c's and a rest room provided within the main kitchen area. Catering is on a "pay-as-you-eat" basis in dining room or snack bar, as for other staff. All other facilities e.g. showers, changing and uniform exchange are centralised and fully described in Policy No. IIF. This also refers to the allocation of residences for essential duty staff.

Graphical Summary of Whole System

Service / Consumer	Kitchen Meals		Routine Beverages		Wash-up		Snack Bar		Staff	
	Tray	Bulk	Still-Room	Local Pantry	Central	Local	Meals etc.	Bev. Trolley	Dining Room	Lounge
Patients:-										
Gen. Acute and Maternity	X		X		X					
Children	(X)[1]	X	X	(X)[1]	X					
Day/Em. Unit							X	(X)[3]		
I.T.U. and Staff Health	X			X	X					
Psychiatric and Geriatric		X		X	X	(X)[2]				
Isolation		X		X		X				
O.P.D.							X			
Staff:-										
Wards and generally							(X)[1]		X	X
Operating Dept. (extra)								(X)[3]		
Education Centre								X		(X)[1]
Ground Floor Depts. (extra)								X		(X)[1]
Night Duty							X			
Visitors:-										
General							X			
Committees								X		

Notes:
1. optional use.
2. beverages only.
3. via hoist connection.

DIAGRAM OF MAIN CATERING FEATURES



Note: As mentioned on page 8, the central dining room for (ambulant) patients is no longer included.

Final "Best Buy" Planning Policy No. IIF

FACILITIES for STAFF

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Other Relevant Policies:

IIE for Dining Room, Lounge & Snack Bar

IIG for Library and Common Rooms.

IIK for Chapel, Bank and Shop.

IIA for Ward Staff Base.

FACILITIES FOR STAFF

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Other Relevant Policies: 119 for Junior Men, Lounge & Snack Bar
110 for Library and Common Rooms.
125 for Canteen, Bank and Shop.
104 for Keep Night Team.

Purpose

Although savings of space and cost are being achieved throughout the main departments and services, in accordance with the project team's brief, they are never allowed to upset the functional efficiency of the design and the maintenance of satisfactory modern standards. This is particularly apparent with regard to staff facilities, the planning of which has not only safeguarded customary needs but included some up-to-date refinements as well.

Comfortable working conditions contribute to the efficient use of staff and thus indirectly to the patients' welfare. For the same reason, and since in hospital life the demarcation between duty and off-duty periods is rather ill-defined, it is important to make good arrangements for staff rest, welfare and recreation. To complete the picture, there must be an adequate amount of residential accommodation available.

As the provision of these various staff facilities has been approached on a whole-hospital basis it is appropriate that they should be described in one comprehensive document. This minimises the need for any of them to be reiterated in the separate departmental policies.

Reference: I.B.S.G. "User Requirements" Section A
Department's letter of 8.9.64 on Recreation Facilities
B.N. No. 24 (Residences)
The Hospital Centre Report on Changing Accommodation for Non-Resident Staff (Oct. 1965)
"The Care of the Health of Hospital Staff" (CHSC Report, 1968)
"Changing Accommodation for non-Resident Staff" (Scottish Hospital Centre, 1968)

Central Changing Rooms for Non-Resident Staff

Although there are toilets cum small locker-rooms within the wards and departments for use by all staff, as described later, those who are non-resident must also be given proper facilities for changing into uniforms/overalls before duty and back into outdoor clothes on completion of duty. To provide these on a departmental basis would be wasteful of space (and possibly supervision), therefore close grouping and rationalisation of the various requirements is imperative

Inevitably there are a few special arrangements, but in the main the central block of changing rooms offers an economical way of meeting all needs, with the likelihood of optimum usage and ease of management.

The linear layout, around three sides of a courtyard in the general Admin. area and close to main staff entrance, gives a sequence of rooms for suggested use as follows:-

Female Nursing Staff Change

[counter link]

Main Cloakroom (Wire Baskets)

[counter link]

Other Female Staff Change

Male Staff Change

All changing rooms contain w.c's basins and showers; on the female side there are a number of dressing cubicles while the male staff room contains 80 individual lockers.

The nurses' changing room opens off the link corridor between nursing admin. and the training school, and it should be able to serve for the latter as well during peak training periods.

The entrances to the other two changing rooms are located just beyond the clock-on point on the direct route from staff entrance to other parts of the hospital, thus ensuring maximum user-convenience.

The intention of the policy is for male staff to use lockers and for all female staff to leave their clothes on wire hanger/baskets in a properly-supervised and heated area. The design enables this policy to be carried out, but is not so rigid as to prevent later changes of system or room allocation.

The Wire Baskets System

The advantages of this system are economy of space, constant supervision and security, effective airing of wet outdoor clothes, and facilitating of uniform exchange (see later). Although the design locations has made duplication of the service counters unavoidable, they should be capable of being managed by one attendant, except during busy periods. There is also a third service counter on the inner side, for the cloaks of visitors attending the committee rooms, etc. but use of this is optional and likely to be infrequent.

There is clear hanging space for over 400 hanger/baskets; a suitable procedure for using them is described on the next page.

Cleaning

Attendants are provided with a table and chairs in the service area, although the clerical side of their work is minimal. During slack periods they are expected to carry out minor tidying and cleaning of the changing rooms.

There are normal cleaners' rooms just outside each of the changing rooms. The main cleaning is undertaken by the team(s) programmed to work in the Admin. area.

Uniform Issues and Exchanges: Central

The system for issuing uniforms, etc., on recruitment and subsequently, is best determined by reference to local circumstances. Repair facilities and certain other factors are mentioned on the next page. Such a system has to ensure that the central changing rooms are always well-stocked with clean uniforms and overalls, size - coded and pigeon - holed to make them capable of rapid issue over the counter during peak periods.

Female Changing Routine - Arrival:

1. Collect hanger/basket and clean uniform from counter.

2. Using any cubicle, change into uniform and arrange clothes and belongings on hanger/basket.

3. Take hanger/basket to counter for storage on open racks (umbrellas separately) and receive numbered token.

4. Proceed to work-place, taking handbags and valuables for storing in the local small lockers.

Female Changing Routine - Departure:

1. Give up token at counter and reclaim hanger/basket; take clean towel if required.

2. Remove uniform in cubicle and don outdoor clothes.

3. If shower is required, the shower compartment serves for changing as well.

4. Gather up belongings and return empty basket to attendant.

5. Place used uniform (and towel) in laundry container; this may have to be under attendant's supervision if a check is to be kept on returns.

N.B. It is thought that either doorway should be used for both arrivals and departures, but experience in use may make "one-way circulation" preferable.

Male Staff

Issues of clean uniforms and overalls in exchange for soiled ones are made at appropriate intervals from a store with a counter opening into the changing room. The soiled items are collected into laundry containers and disposed of through normal channels.

Each member of staff has his own locker and key; he should go through the normal changing routine before and after duty, showering if necessary, but lack of constant supervision in this area means that security of personal belongings must be his own concern.

Uniform Issues and Equipment (Contd)

The system for issuing uniforms, etc., on reenlistment and immediately, is most deficient by reference to local circumstances. Depot facilities and storage under factors are minimal at San Diego. Such a system has to ensure that the normal clothing issue are always well-stocked with fine uniforms and overalls, size - coded and pigeon - holed so as to make them capable of rapid issue after the counter during peak periods.

Special Clothing Section - Personnel

1. Collect sample/basket and clean uniform from counter.

2. During any delay, change into uniform and arrange clothing and belongings on sample/basket.

3. Take inventory/slip to counter for storage on open racks (subsidiary expenditure) and receive numbered tags.

4. Proceed to work-place, taking overall and valuables for storing in the local space locker.

Special Cleaning Section - Personnel

1. Give up ticket at counter and receive inspect slip, take clean tunic if required.

2. Remove uniform in cubicle and don a blue duffle.

3. If shower is required, the shower compartment serves for changing as well.

4. Gather up belongings and return slip, hand in ticket.

5. Place used uniform (and tunic) in laundry container. This may have to be under attendant supervision if a cover is to be kept on returns.

6. It is thought that a laundry service should be used for both arrivals and departures, but experience in use may make "non-day departure" preferable.

Kit Stores

Issues of clean uniforms are made in exchange for uniform kept and sent to laundry. Issues are made from a counter at a number operating into the changing room. The active items are collected into laundry containers and dispatched of through special channels.

Each member of staff has his own locker and kit. He should be issued the normal clothing, which he puts on after duty, alternately. If necessary, but lack of standard sizes is in this area a case that authority of personnel officerings must be his own choice.

Uniform Issues and Exchanges: Local (incl. Repair, etc.)

Protective clothing - coats, smocks, aprons, etc. - is provided for various categories of staff who would not normally expect to use the central changing rooms. The arrangements for those who are actually resident on site are referred to below. For the rest it is necessary to organise regular deliveries of clean linen to their places of work, e.g.:-

Admin. and Medical Records (incl. doctors' white coats).
Physical Medicine Dept.
Pathology Dept.
X-ray Dept.
Operating Dept. (special pass-through cupboards).
Labour Suite
I.T.U. (optional)
Central Treatment Rooms
Catering Office and Main Stores.

Staff Residences

The warden's office in the social centre has an adjoining linen room where bulk deliveries for the resident staff are received and stored. Periodic issues to individuals can be effected either by their personal attendence at the office or by trolley-service to their rooms - the latter may suit the warden better.

Management, Fitting and Repair

The organisation of a satisfactory system for all types of issues and exchanges is the responsibility of the Supplies Officer, and it may be convenient to associate this with the records, fitting and repair functions of the sewing room in the Supply Centre (see Policy No. IID). Good liaison with the Laundry should enable bulk deliveries of clean linen to be received direct from the vans on to trolleys for immediate delivery to the user departments, without involving stores staff. The trolleys would be programmed to call at appropriate local delivery points on specific days and times, collecting soiled linen on either the same or follow-up rounds.

Arrangements for sorting out those items of clothing which may need some repair before they can be issued would also have to be agreed with the Laundry Manager; there are certain differences between Bury and Frimley in regard to sewing-room organisation within the d.g.h.

Special (Local) Changing and Toilet Facilities

Special Changing Rooms are provided in the following departments for the reasons shown:-

Operating Theatres	-	Strict infection-control procedures needed (See Policy No. VB).
Abnormal Delivery Rooms S.C.B. Unit	-	the appropriate clean/dirty disciplines may have to be imposed on g.p's, midwives etc. who come from outside as well.
Intensive Therapy Unit	-	again, clean/dirty disciplines may be imposed if desired.
Physical Medicine	-	certain treatments and procedures necessitate having on-the-spot facilities for staff changing.
Isolation Unit	-	infection-control procedures are again involved
Mortuary	-	is entirely self-contained.

Local Facilities

In addition to the central and special changing rooms it is necessary to ensure that there are suitable minor facilities for staff cloaks, handbag lockers, etc. for staff working in every ward and department.

In most cases these are combined with the toilets at or near the entrance to the unit, but for the following areas there are separate staff locker rooms as shown:-

General Acute Wards on front and left side (at head of left front staircase)

General Acute Wards on front and right side (at head of right front staircase)

Children's and E.N.T. Wards (at entrance)

A. &. E. Dept. (combined with rest room)

O.P. Dept. (at entrance from street).

In addition, all offices in Admin. and elsewhere are provided with the customary coat-hooks or coat-stands.

Toilets

The complete rationalisation of such facilities has taken account of the needs of staff working within wards/departments, of out-patients attending clinics, and of visitors who may be in any part of the building at any time. Some rooms have therefore been designated for general use by public as well as staff; this applies particularly in the combined clinics area, where the only "exclusive" ones are those for ante-natal patients.

Rest and Night Duty Rooms

The main staff rest room is in fact the ground-floor (coffee) lounge, which was described in Policy No. IIE. There are also doctors' and nurses' common rooms in the Education Centre. The attractive decor and comfortable furniture should make them welcome resorts during off-duty periods. For those who may be unable to leave their departments, local rest rooms are provided as follows:-

Operating Department (separate rooms for doctors, nurses and technicians)
Intensive Therapy Unit.
Central Kitchen.
X-Ray Dept.
Physical Medicine Department.
A. & E. Dept. (incorporating handbag lockers).
Telephone Exchange.
Main Entrance (porters and ambulance drivers).
Staff Entrance (porters' pool).
Works Dept. (inc. mess room).

Staff who feel unwell may wish to lie down for a short period in quiet surroundings. On the ground floor there are two small rooms for this purpose adjoining the non-resident nurses' changing room. On the first floor there are several rooms provided for overnight stay which are likely to be vacant in daytime and can therefore be put to this alternative use.

If medical or nursing attention is needed, it should be available at the Staff Health Clinic (see next page).

Overnight "On-Call" Rooms

Single-bed rooms (mostly with associated toilet facilities) for particular officers who are required to be on immediate call - but not necessarity active duty - during the night, are available as follows:-

A. and E Dept. - 1 doctor, 1 radiographer.
Pathology Dept. - 1 technician (optional)
I.T.U. - 1 doctor (outside but nearby, with direct speech link).
Maternity Dept. - 2 doctors.

Staff Health Clinic

The design of this self-contained suite is intended to enable a proper occupational health service to be set up for all staff working in the Group, in accordance with latest recommendations. Rooms are provided for the various purposes as follows:-

Consult/Exam. Room - for use by general practitioner(s) in attendance. All necessary facilities are available, and patients may be given immediate treatment, referred elsewhere (e.g. to Central Treatment Rooms or X-ray), or confined to bed for short periods.

Office for Occupational Health Nurse (when appointed) - with space for confidential records.

Waiting Area - for shared use between those awaiting consultation and those "in-patients" (see below) who can get up for meals, etc.

Bedrooms (2 single, 1 double) for staff who have been confined to bed for a few days but may have nobody to look after them outside the hospital. Nursing cover, meals service etc. are provided by association with the nearby acute ward (Patients requiring the full treatment facilities of the hospital are admitted to standard in-patient accommodation).

Supporting Services - toilets, bathroom, cleaner's room, supply and disposal rooms, beverage unit.

General Welfare and Recreation

The personnel office in Administration, by liaison with other departments and services, is concerned with looking after the interests and welfare of all grades of staff. Matters to be dealt with include:-

Accommodation - allocation of on-site flatlets; management of off-site housing, either directly or by liaison with the local authority; vetting of lodgings for inclusion on recommended list; even perhaps advice to prospective house-purchasers!

Financial - liaison with off-sited Finance Department on the individual problems (PAYE, etc.) which are likely to arise at any time; physical arrangements for payment of salaries and wages - allocation of rooms etc.; various aspects of the standard charges for accommodation; arrangements for "pay-as-you eat" meal tickets; ensuring that the bank and shop in concourse are managed in best interests of hospital.

Social Activities - encouraging the formation of clubs, and the organisation of dances and other communal activities; liaison with similar activities outside the hospital; ensuring use of other available rooms (e.g. perhaps the gymnasium and lecture-theatre outside normal working hours). as well as those specifically provided for staff common-room purposes. Outside the main building and linked with the residential area there are also the special recreational centre and tennis-court(s).

Recreational Centre

Policy No. IIA has indicated the layout of residences (see next page) tennis-court(s) and social centre, also the difference in this respect between the two localities. In the case of Bury, the main focus of recreational activity is likely to remain at the St. Mary's site, which is less than a mile from the new d.g.h. Provision at the latter is therefore limited to a large common room and various service rooms, located beneath the gymnasium for planning convenience and adjacent to the tennis court.

At Frimley more extensive facilities are needed, and voluntary subscriptions are being applied to addition and expansion of the rooms mentioned above. There is likely to be a large hall for up to 300 people (dancing, badminton etc.) with sitting-space, bar and toilets, as well as the general service rooms (laundry, warden's office, etc.) for the residences. The tennis court is less than 50 yards away.

On-Site Residential Accommodation - Need and Layout

Although there is to be off-site accommodation available, probably in the form of flats on a nearby local authority housing estate, it is still necessary to provide a reasonable amount of on-site accommodation for nurses in training and "essential" staff in certain categories. This has been determined as follows, on the basis of the scales laid down in B.N.24 and conforming to the requirements of flexibility in use, etc.:-

Scale A:	28 flats as b.s.r's for (112) trainee nurses, according to the projected annual intake of pupils and/or students.
	2 flats for (8) domestic staff, use as required.
Scale C:	3 flats for (6) S.H.O's or sisters.
Scale D:	12 flats for (12) registrars and deputy/ assistant matrons, possibly also a resident engineer.

The flats are assembled in terraced 3-storied blocks as follows:-

Type X (3 off)	9 flats Scale A each comprising four bed-sits, kitchen, bath and w.c.
Type Y (1 off)	3 flats Scale A. + 6 flats Scale D, each comprising living room, bedroom, kitchen, bath and w.c.
Type Z (1 off)	6 flats Scale D. + 3 flats Scale C, each comprising two sitting rooms, two bedrooms, kitchen, bath and w.c.

Each block has three wings surrounding a central stair, with box-room on each floor. At ground floor level there is an outdoor "disposal" area for dustbins, also a common room as below.

Common Rooms

All the communal areas (which are in fact allowable for Scale A only) have been aggregated and laid out as follows:-

Each of 5 blocks - small T.V. lounge in single-storey annex.

Social Centre nearby - large common-room, warden's office, linen room and supplies, laundry and ironing room, pantry, cleaner's room and toilets.

(These are the basic facilities, but they are being expanded in the case of Frimley as already described).

The residential site is attractively laid out with access roads and pathways, also adequate parking spaces and tennis court nearby.

On-Site Residential Accommodation - Good and Lavish.

Although there is to be off-site accommodation available, probably in the form of flats on a nearby local authority housing scheme, it is still necessary to provide a reasonable amount of on-site accommodation for workers in training and "essentials" staff in certain categories. This has been determined as follows, on the basis of the scales laid down in S.M.E. and conforming to the requirements of flexibility in use, etc.:-

Scale A: 28 flats as b.a.c.'s for (112) training centre, according to the principles initial intake of pupils and/or students.

2 flats for (8) separate staff, one as regulated

Scale C: 3 flats for (6) S.M.O.'s or sisters.

Scale D: 12 flats for (12) registrars and deputy assistant matrons, possibly also a resident engineer.

The flats are assembled in terraced 3-storied blocks as follows:-

Type X (3 off) 9 flats Scale A each containing four bed-sits, kitchen, bath and w.c.

Type Y (1 off) 3 flats Scale A.
+ 6 flats Scale D, each comprising living room, bedroom, kitchen, bath and w.c.

Type Z (1 off) 6 flats Scale C.
+ 3 flats Scale C, each comprising two sitting rooms, two bedrooms, kitchen, bath and w.c.

Each block has three wings surrounding a central stair, with bedrooms on each floor. At ground floor level there is an outdoor "dispensal" area for dustbins, also a common room as below.

Common Rooms

All the communal areas (which are in fact allowable for Scale A only) have been aggregated and laid out as follows:-

Each of 3 blocks - small T.V. lounge in single-storey annex.

Social Centre nearby - large common-room, warden's office, kitchen and supplies, laundry and ironing room, pharmacy, cleaner's room and toilets.

(These are the basic facilities, but they are being augmented in the case of Fenlody as already described).

The residential site is attractively laid out with access roads and pathways, also adequate parking spaces and "small gardens".

Residential Accommodation - Management etc.

From her office in the social centre the Warden can supervise the whole of the residential accommodation, a task for which she is responsible to Admin. She has to maintain records, assist staff with their enquiries, receive messages, issue keys, supervise use of the coin-op. laundry and ironing room services (possibly used by non-residential staff as well) and take care of general housekeeping requirements.

Linen and Supplies - the rooms adjoining the warden's office are the focal points for all main deliveries and collections relating to the residential site. "Internal" transportation has to be organised through the general portering service, using standard-type containers wherever possible.

Cleaning and Disposal - an allocation of domestic staff is needed, at least for the communal areas if not for individual rooms, and the forewoman has to ensure availability of cleaning materials, etc.

For waste disposal purposes the residences are included in the timetabled collection rounds for the hospital proper, and refuse is dealt with exactly as described in Policy No. IID.

Engineering Services

In almost every respect these are provided by direct connection from the main hospital building, as indicated in Policy No. IIB.

Communications are rather important, and in addition to internal switchboard connections to each block and social centre/warden's office, the desirability of including a number of coin-operated callboxes for the use of staff in residences has not been overlooked.

Final "Best Buy" Planning Policy No. IIG

EDUCATION CENTRE AND LIBRARY

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Definitions: MEDLARS:- Medical Library and Retrieval Service.

File Ref. J/H.189/58

General Principles

The design of this department typifies nearly all the advantages which are expected to come from centralisation and co-ordinated use. Each of the hospital disciplines for which there are prescribed courses of training has a need for facilities of a similar nature - classrooms large and small, practice and demonstration areas, reference library, etc. - but is unlikely to keep them all in constant use. By grouping and careful programming, therefore, it is possible to bring the total amount of accommodation down to a very reasonable level; also, ensuring that it is fully used both in day time and evenings helps to enhance the educational atmosphere.

The grouping of the library facilities in like manner enables them to be placed under fully qualified management and developed to give a comprehensive service for all users.

The central provision is supplemented locally by:

- Seminar rooms at ward level for nurses and others.

- Classrooms and tutors' rooms in maternity department (see Policy No. IIIB)

- (Patients' library) - a trolley service to wards.

In addition to the formal and informal training courses, it should be possible to include in the Education Centre's programme a wide range of occasional uses for other purposes, related for example to liaison with community health services or to staff recreation. The notional programme which is included with this policy may serve to illustrate the scope available.

References: B.N. 14. (Nurse Training School).
Design Guide on Postgraduate Medical Centres (M.O.H.Oct.68)
Min. of Education and Science Building Bulletin No. 25.
S.W. Met. Education Centre Working Party Report.
Sheffield R.H.B. Hospital Library Services W.P. Report.
HM(68)96 - Training of Ancillary Staff.

Nurse Training School - Need and Scope

Decisions have still to be taken for each Hospital Group as regards type of school and proposed frequency and size of intakes. A need has been assumed for a total of 200 student and pupil nurses (in such proportions as are appropriate to each H.M.C.)., and approximately 40 pupil midwives.

For planning purposes the need has been expressed as follows

150 Student Nurses (3 intakes per year)
50 Pupil Nurses (2 intakes per year)
40(approx) Pupil Midwives (2 intakes per year)

The number of students/pupils likely to be in the school at any one time is assumed to be:

Student Nurses: 22
Pupil Nurses : 12/13
Pupil Midwives: 20 (on occasion 40)

Accommodation for tutorial staff is based on a ratio of 1-40 of the total number of nurses in training.

In addition to providing all necessary facilities for the theoretical and practical teaching of the above grades, the school is designed to allow for other use, e.g.:

Post-certificate courses for qualified nurses
In-service training for nursing auxiliaries etc.
Study days for trained nursing staff (both from the hospital and the local authority)
Obstetric nurse training.

Use of the Reference Library is a necessary part of training and due allowance has been made for this in determining the total areas needed.

Nurse Training - Organisation and Accommodation

The School will be in the charge of a Principal Tutor with an estimated supporting staff of 5 nurse tutors; officers are provided near the main entrance to the school with a clerical assistants' office adjoining that of the principal tutor. (Separate provision for midwifery tutors is made in the maternity department).

A large wall display panel in the corridor enables matters of general interest to be presented.

Some theoretical and practical training associated with clinical care will be undertaken at ward level using local seminar rooms as necessary.

Teaching accommodation has been provided within the school in such a way as to allow flexibility in use. This is as follows:

Practice Suite - to enable trainees to practice various nursing procedures at all stages of training; there are two beds and a cot in one section, and typical equipment for clean and dirty utility techniques in the other.

Demonstration Room - adjoins practice suite and contains a hospital bed and other movable equipment for demonstration purposes.

Lecture Theatre - in the central link, with direct access from street as well as school corridor; seating for 70-80 persons (not tiered) and equipment for all expected purposes, e.g. chalk boards, apparatus for film and slide projection, etc.

Classrooms (2) - each seating 20-25 persons, with facilities for individual study, exposition, display and storage.

Seminar Rooms (3) - each seating 8-10 persons for informal discussion, tutorials and private study; sliding partition enables one pair of rooms to be thrown together when occasion demands.

General Office Services

Proximity to Admin. Dept. facilitates the use of common services, e.g. for document reproduction, but educational records are expected to be kept separately within the School.

Postgraduate Medical Education

This subject is currently attracting a good deal of attention, and the arrangements made in the design aim to reflect the latest advice, which includes the proviso that at least part of the accommodation is capable of being shared with other users.

Purpose of the Centre

This is to provide facilities for postgraduate education for hospital staff, general practitioners, local authority staff and members of other services contributing towards medical care; also to encourage meetings with scientists, social workers and allied professions.

Need

The advice given in HM(67)33 and the recent Design Guide, together with such information as is available from the two localities concerned, does not lead to any clear indication of total accommodation requirements. By combining the Centre with the Nurse Training School, however, it is possible to ensure that anticipated needs are capable of being satisfied, with some sharing but without risk of over provision.

It is recognised that the full development of the Centre's activities may be spread over some considerable time. Not only does the accommodation provided within the Centre allow scope for more intensive use, as the notional programme shows, but in the longer term there may even be a possibility of expanding that accommodation by means which are described in Policy No. IIL.

Postgraduate Centre: Organisation and Accommodation

The Medical Executive Committee has overall responsibility for the administration of the Centre but may delegate much of the organisation and daily management to a clinical tutor who would also be one of the consultant medical staff.

An office is provided for the clinical tutor beside the entrance lobby, the access to it being through a separate secretary's room in which the necessary records are also kept. Document reproduction is done centrally in Administration.

The main block of consultants' offices is also in Administration, quite near at hand for use of the centre's common rooms, etc., which are described in detail on a later page. Their location is easily accessible from all parts of the hospital and from outside via any of the main entrances.

Educational Facilities:

- Seminar Rooms (2, with sliding partition, the same as described for nurses) for purposes of informal discussion or study by groups of varying sizes.
- Lecture Theatre and/or Classroom (shared) for occasional use by larger groups in daytime or evenings according to programme.
- Presentation of Patients: either in lecture theatre, for which there is a special patients' waiting lobby (see later) or possibly by arrangement in practice suite of nurse training school.
- Reference Library (see later).
- Large run of wall panels in corridor for visual presentation of subjects of general interest.

Other Categories of Staff Served

It is not possible to specify all the different demands that may arise from time to time for bringing in groups of staff other than those already described, but it is hoped to encourage the fullest and most flexible use of all the training facilities in the Centre. (Recreational purposes have already been mentioned in Policy No. IIF).

Among the most likely users may be the following:-

Administrative and Clerical	(including Porters) - induction courses for new entrants etc.
Technical Grades	- e.g. to introduce new treatment procedures.
Domestic Staff	- familiarisation courses, new cleaning methods or equipment, etc.
Voluntary Organisations	- e.g. to improve working liaison.

It is the responsibility of Administration to stimulate and foster these varied demands, also to see that they are properly co-ordinated with the regular staff training programmes of the Centre by liaison with the Principal Tutor.

N.B. A full description of the arrangements for midwifery training, which are centred on the tutors' offices and classrooms in the maternity department but also make some use of facilities in the education centre, is given in Policy No. IIIB.

Communal Areas and Amenities

Opening off the left side street, with General and Nursing Administration opposite, there are three entrance lobbies; reading from front to rear, these give access to:-

1. Medical Staff Lounge

On one side of this entrance is the office of the clinical tutor's secretary, on the other, a large cloakroom. The open lounge is attractively furnished and includes a snack bar, which also serves the further separate area designated as a common room for junior medical staff. Beyond that is the corridor to library and educational rooms, also the male toilets (there is one female toilet opening directly off the lounge).

The snack bar may be run separately, but otherwise it should function as an "offshoot" from the main one in concourse (see Policy No. IIE).

The area is wired for T.V. viewing and there is a coin-operated telephone as well as the normal switchboard facilities.

2. Patients' Library and Waiting Room, with Lecture Theatre beyond.

3. Nursing Staff Lounge

There is another snack bar here, which can similarly be run in conjunction with the main one in concourse, but for large attendances it may be found more convenient to make use of the central staff lounge at the other end of the rear street.

Cloakroom and toilet facilities are available, supplemented as necessary by use of the central changing room nearby.

The corridor opening beyond this lounge leads not only to the tutors' offices, practice suite and general school facilities, but also to a separate nurses' common room which supplements the lounge provision.

Cleaning - there is a cleaner's room opening off the school corridor, and this is the base from which the cleaning of the whole education centre is undertaken by a regular domestic team.

Reference Library

The aggregation of areas allowable for medical education and nurse training has enabled comprehensive provision to be made for:-

1. Technical reference books on medical, nursing and other hospital subjects.

2. Study and research work.

3. Display and storage space for wide range of periodicals and journals.

4. Information retrieval services, e.g. MEDLARS.

Layouts

The reference library entrance opens off the school corridor because it is mainly an educational facility, but its services are available to any authorised user. Beside that entrance are the librarian's office, issue counter and workroom (see later). The open space within entrance contains notice-boards, periodicals on display racks etc., also some tables and chairs. Ranged along the inside wall are the tiered bays containing reference books, allowing considerable scope for expansion later as necessary.

The outside (courtyard) wall is mainly given over to separate bays or study carrels; there are six of these, with high-level windows and good local illumination for the desks, enabling individuals to pursue their reading and research without distraction.

Research on patients' case notes, in association with the Medical Records Officer, is generally undertaken in the diagnostic index room in the Records Department, (see Policy No. IIJ).

Librarian and Patients' Library

A qualified librarian is responsible to the Group Secretary for the day-to-day management of the library and for the maintenance of a comprehensive stock of books, references and journals in good condition.

The librarian's office is located between the reference library and the patients' library so that he can adequately supervise both these aspects of the service. He is also provided with a workroom for reception and classification of books, etc., and for such repair work as he may have occasion to carry out.

Patients' Library

This has separate entrance from the street as mentioned earlier; it is basically a storage area from which originates the trolley service to in-patients - there is space allowed for at least two trolleys as well as the tiered shelving for books. The actual running of the trolley service is likely to be undertaken by a voluntary organisation, but it remains under the general supervision of the librarian.

Staff may wish to borrow books from this side of the library. Also, there may be a certain number of ambulant patients wishing to come and make their own choice from the shelves rather than await the trolley-round. The design allows space for this. There is also a small reading room just across the entrance lobby, the use of which is shared with the occasional patient brought from the ward (possibly in his bed or wheelchair) and waiting for his case to be "presented" to the audience in the lecture theatre just beyond, as described earlier.

EDUCATION CENTRE — — Notional Programme For Shared Use

Rooms \ Session	MONDAY							TUESDAY							WEDNESDAY							THURSDAY							FRIDAY						
	AM				PM			AM				PM			AM				PM			AM				PM			AM				PM		
	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
Practice Suite		N	N	N	N	N		N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Demonstration	N	N	N		N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Classroom	N	N		N	N	N	N			N	N		N	N					N	N	N			N	N		N				N		N		N
Classroom	N	N	N		N	N		N	N		N	N	N		N	N	N		N	N	N	N	N	N	N	N		N			N	N	N	N	N
Lecture Theatre		N	N		D	D	D	N		N		D	D	D	N			N	N		N				N		N			N		N	D	D	D
Seminar 1			N	N	N	N	N	N	N	N	N	N	N	N		N	N	N	N	N	N		N	N	N	N	N	N			N	N		N	N
Seminar 2		N	N	N	N	N	N	N	N	N	N	N	N	N		N	N	N	N	N	N				N	N	N	N			N			N	N
Seminar 3	N	N	N	N	N	N	N		N	N	N	N	D	D		N	N	N	N	N	N		N	N	N	N	N	N			N		N	N	N
Seminar 4	L	L	L	L	L	L	L					D	D	D	H	H	H	H	H	H	H	D	D	D	D	D	D	D	D	D	D	D			
Seminar 5	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
Maternity Unit Study/Reference																																			
Seminar 1	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
Classroom	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M

N - Nurses
M - Midwives
D - Doctors
H - Domestic
L - L.A & Others

EDUCATION CENTRE — Monthly Programme For Shared Use

ROOMS / SESSION	MONDAY								TUESDAY								WEDNESDAY								THURSDAY								FRIDAY							
	AM				PM				AM				PM				AM				PM				AM				PM				AM				PM			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Practice Suite																																								
Demonstration																																								
Classroom																																								
Classroom																																								
Lecture Theatre																																								
Seminar 1																																								
Seminar 2																																								
Seminar 3																																								
Seminar 4																																								
Seminar 5																																								
Maternity Unit Study/Reference																																								
Seminar 1																																								
Classroom																																								

M-Nurses
M-Midwives
D-Doctors
H-Domestic
E-L.A.& Other

Final "Best Buy" Planning Policy No. IIH.

ADMINISTRATION.

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File Ref. J/H189/3

General Principles

Administration is another of the hospital's functions (like Education) which offers the designer plenty of scope for economy of space and cost, if the areas prescribed for the various purposes are brought together and their uses are co-ordinated for greater efficiency. This also helps to avoid rigid demarcations between Group and Hospital Management, giving a flexibility which allows staff resources to be deployed to better advantage.

While the general subject-heading should properly include all those departments/functions which are relevant to policy-making, organisation, management and training, some of them have been covered in earlier Planning Policies. A separate one will follow for Medical Records and related aspects, and under the further heading of "Amenities for Patients and Visitors" will be described a number of miscellaneous functions.

The new hospital is designed to be the centre of all management committee activities, and to enable these to be integrated with its own day-to-day administration. It brings together in one area the top management needs of medical, nursing and other disciplines, making their separate expertise readily available to all for the formulation of policy, and for carrying out decisions as expeditiously as possible.

Departmental administration is mainly decentralised, the officers concerned being based in or near their spheres of responsibility, either within the hospital or outside at the subsidiary units. However, effective staff relations and supervision at all levels remain very much the concern of Central Administration.

References: H.B.N. No. 18.
Report of the W.P. on Revenue Consequences of Capital Scheme, 1965.
First Report of J.W.P. on Organisation of Medical Work in Hospitals ("Cogwheel Report"), and HM(68)67.
Report of Salmon Committee on Senior Nursing Staff Structure.
"Relieving Nurses of Non-Nursing Duties, etc." CHSC Report 1968
HM(69)2 and attached Report on Management Development of Senior Nursing Staff.
HM(68)28 - Administration of Hospital Authorities.

Organisation of Medical Services

It is intended that the pattern of medical administration shall follow the lines advocated in the recent Cogwheel Report, i.e.:-

1. Specialities falling into the same broad medical or surgical categories should be grouped together into Divisions (para. 56).

2. Each Division should carry out constant appraisal of the services it provides, deploy clinical resources as effectively as possible, and cope with the problems of management that arise in its clinical field, including necessary liaison with g.p.s. and l.h.a. doctors. (paras. 58 and 61).

3. Each Division should have an appointed chairman (para. 60).

4. A small medical executive committee composed of representatives from each Division should be established (para. 57 and 62).

5. This committee would require an appointed chairman with time allowed in his contract for administrative duties. He would be an experienced clinician and should serve in this administrative capacity for 5 or more years. He would be the chief medical spokesman for the group (para. 62).

6. The function of the executive committee would be to receive divisional reports, consider major medical policy and planning and co-ordinate hospital clinical activities, without controlling or limiting the clinical freedom of individuals (para. 63).

7. The Divisions and the executive committee would all require appropriate supporting staff and accommodation (para. 64).

8. These recommendations do not imply the disappearance of the full medical staff committee (para. 67).

9. A need is seen for training the medical staff in administration (para. 15).

Medical Divisions and Offices

The allocation of offices for consultant medical staff is based on Whole Time Equivalents (see next page). Consideration was given to providing an office for each W.T.E. in which he can keep books and papers, dictate, study case notes and have discussion with one or two others. However, this would probably have led to under-use unless quite a number of such offices were combined with the consult/exam. rooms in o.p.d. In conformity with the project team's brief for optimum usage of all rooms, therefore, it was decided to provide a single office for the head of each Division and a similar room to be shared by every two others, as shown in the table below.

The location of such rooms is determined by simple functional considerations. Those which relate almost entirely to the work of a particular department are located within that department and served by the department's own secretarial resources. Those whose occupants may have responsibilities in several different parts of the hospital are grouped together in Administration so that they can depend upon the general secretariat and main office services (and can also have easy access to Medical Records, Education Centre, etc.).

Division	W.T.E. consultants	Offices: Single	Offices: shared (X 2).	Location
Medicine	6	1	6	Admin.
Surgery	9	1 1*		A. and E. Dept.
Obst. & Gyn	3	1	1	Admin.
Anaesthetics	5	1	2	P.A.R./I.T.U. nearby
Geriatrics	1	1*		Within each Department
Psychiatry	2	4*		
Pathology	4	4		
Radiology	2	2 (+ Reserve).		
Physical Med.	1	1*		

* These are in fact combined consulting-rooms/offices.

Division	W.T.N. consultants	Single	Shared (½ ½).
Medicine	6	1	6
Surgery	9	1*	
Obst. & Gyn	3	1	1
Anaesthetics	5	1*	2
Geriatrics	1	1*	
Psychiatry	2	4*	
Pathology	4	4	
Radiology	2	2 (+ Reserve).	
Physical Med.	1	1*	

* These are in fact combined consulting-rooms/offices.

Medical Establishment

A provisional estimate is as follows:-

Withdrawn for publication in due course as a separate Appendix - possibly in conjunction with the Professional and Technical staffing.

Residential Accommodation for up to 24 of the junior grades is included in the total on-site provision of Type C and D units and off-site provision of flats/houses which is being negotiated with the local housing authority. (See also Policy No. IIF).

Staff Facilities

Cloakroom, lounge and common-room provision for both senior and junior medical staff is included in the Education Centre (see Policy No. IIG) which is close to the main group of consultants' offices in Administration. Committee rooms are available for meetings.

Dining-room and (coffee) lounge arrangements are described in Policy No. IIE.

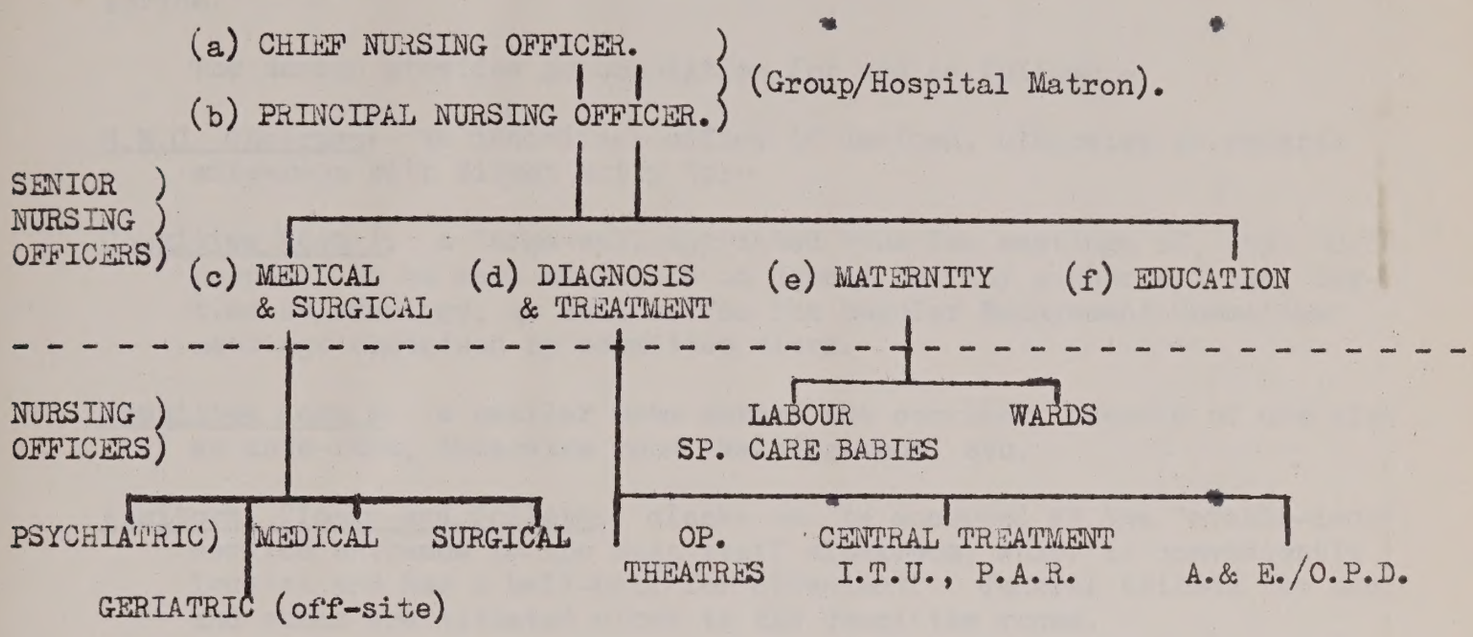
The Medical Records Policy No. IIJ will include reference to the Diagnostic Index area (with study room) which is located in the centre of the main group of consultants' offices.

It will also describe the nearby Medical Secretaries' Office and the service they provide.

The reasons for not adopting a central dictation system were given in Policy No. IIB. The alternative - individual dictation machines with stocks of tapes which can be passed to the medical secretaries for transcription - gives a fully satisfactory service if properly used. It must be accepted that the supporting staff is likely to include few, if any, personal shorthand-typists.

Organisation of Nursing Services

This has been planned in accordance with the recommendations of the Salmon Committee. The following diagram indicates a possible administrative pattern although it is recognized that there are likely to be differences as between the two Hospitals Groups:-



Offices for (a) to (e) above are grouped together in Admin., with their appropriate secretaries and staff records storage. This facilitates the close liaison that is necessary with other admin. functions, including medical, and enables joint use of the general secretariat and document reproduction services.

The office for the Principal Tutor ((f) above), with her own secretary/records accommodation, is in the nearby Education Centre (see Policy No. IIG).

Accommodation for the Nursing Officers as shown is decentralised to their individual spheres of responsibility. Sisters' offices are provided generally on the basis of one per 34/36 beds in the wards, or equivalent in the departmental areas. The basic unit of nursing administration, the Ward Staff Base, is described in Policy No. IIIA.

The above organisation should facilitate using the knowledge and experience of trained nurses to best advantage. Other factors contributing to this objective are:-

1. The principle of Progressive Patient Care inherent in the ward design, and the inclusion of an Intensive Therapy Unit.

2. Regular, comprehensive arrangements for Supply and Disposal (see Policy No. IID).

3. Steps taken to relieve nurses of non-nursing duties (in o.p.d. as well as wards).

4. Recognition of the importance of management training.

Hospital/Group Administration

The advantages of bringing together in one area the main policy-making and advisory functions of all the disciplines involved in the management of the hospital's services have already been mentioned. This concentration of executive responsibility should also help to ensure that the work of the H.M.C. and its sub-committees can be streamlined, in accordance with latest advice.

The design provides accommodation for use as follows:-

H.M.C. Chairman: as individual office if desired, otherwise as general ante-room with direct entry to:-

Committee Room 1: a large well-appointed room for meetings of, say, 20-30 people; to be made available on demand for any authorised use, day-time or evenings, as well as for the regular Management Committee meetings organised by committee clerk.

Committee Room 2: a smaller room across the corridor, capable of use also as ante-room, interview room, waiting-room, etc.

Visitors' Cloaks and Toilets: cloaks can be accepted at the "stable-door" service entrance to the main staff cloakroom, which is conveniently located and has a bell-call for attendant. General toilets for men and women are situated close to the committee rooms.

Medical and Nursing Administration: the various offices as described earlier.

Group Secretary: being chief executive and management co-ordinator, this officer requires a room at the heart of the office complex which is large enough for discussions with several people at a time. His secretary's office is located just outside, also waiting space, and next door to him is:-

Deputy Group Secretary: this officer is intended to have hospital as well as group responsibilities (see later Chart).

Administration Trainees: the functional type of organisation should improve training opportunities and enable trainees to gain experience over a wide range of duties; this office is made available as a base if needed, but may also be used for other purposes, e.g. N.H.S. audit.

Group Engineer:)
) offices as described in Policy No. IIC.
Domestic Manager:)

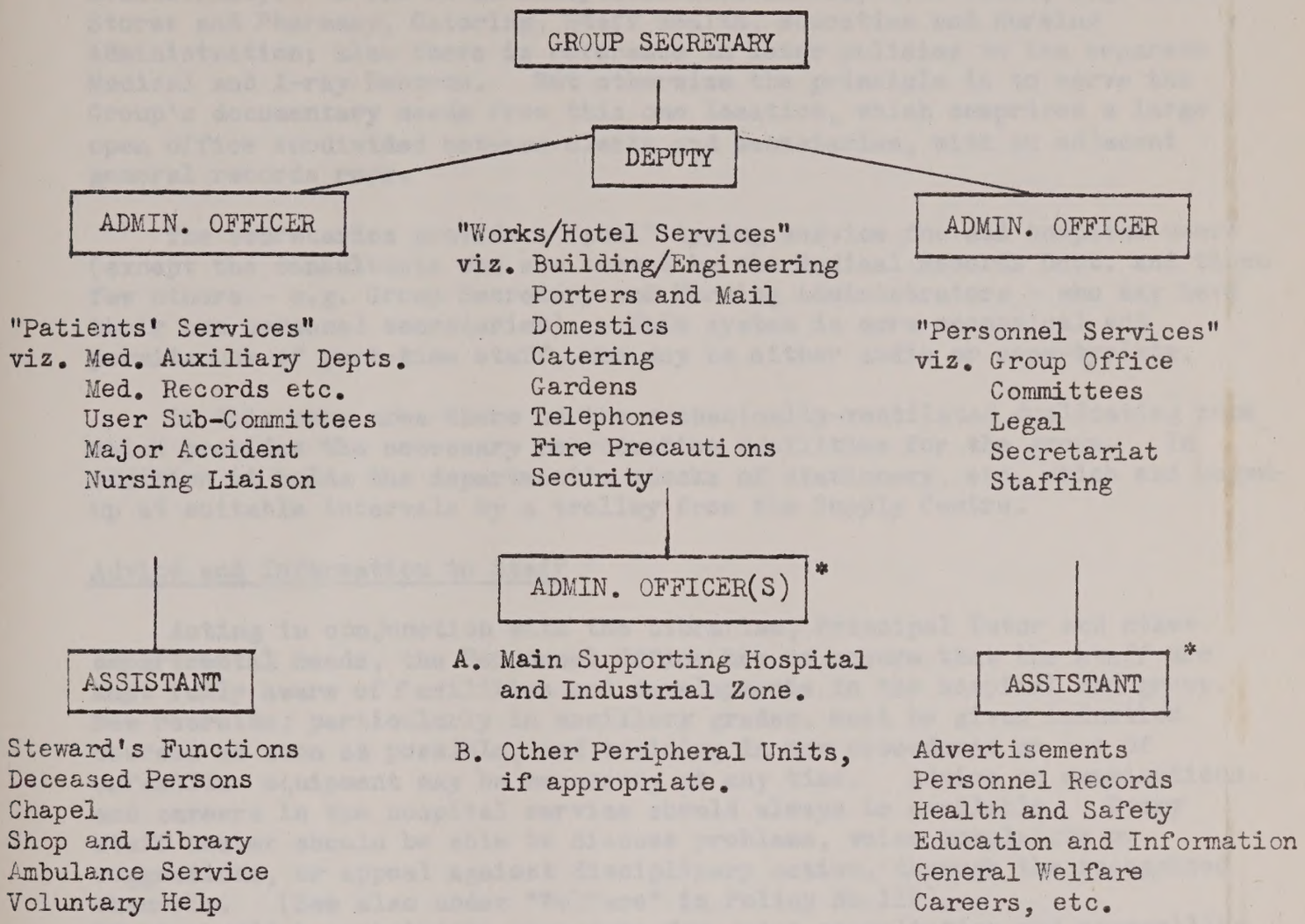
Group Supplies: office as described in Policy No. IID.

Catering Manager: office as described in Policy No. IIE.

Group Treasurer: although the Finance Department is offsited and may be serving more than one H.M.C. Group (see Policy No.I), an office is provided centrally to ensure that financial control and advice is available at the management level. Arrangements for payment of salaries and wages were referred to in Policy No. IIF, and the commercial bank facilities will be described in Policy No. IIK.

Day-to-Day Management Organisation

The proposed functional pattern is as follows, the starred posts being regarded as suitable for trainees:-



Patients' Services

Adjoining the Administrative Officer's room is the one intended to be shared by his Assistant and a clerk. There is a built-in safe for the custody of patients' valuables and for temporary cash holding (from telephone boxes, etc.). The waiting area is just outside, also the room for private interviewing of relatives of deceased persons, who may later have to be conducted to the mortuary viewing chapel after due notification to the attendant.

Deceased Persons' Effects - the recognised procedure is that the ward sister or nurse in charge gathers these together in a bag and has them brought to the office, where they are checked, ledgered and signed for. Behind a curtain in the interview room are the individual lockers where these effects are kept until they can be collected by next of kin. A telephone is available for use by the coroner's clerk if required.

Personnel Services

Again there is one room for the Administrative Officer and an adjoining room to be shared by his Assistant and a clerk. These officers are the busy focal point for matters concerning all staff. Associated with them is the General Secretariat (see later); the committee clerk is also accommodated en suite, and a safe is provided in the group records to hold the H.M.Cs deeds, covenants, etc.

General Secretariat: Information: Communications

The preparation, reproduction and filing of documents and records is centralised to the fullest possible extent, for ease of control and availability. A few local exceptions have already been noted, e.g. under Stores and Pharmacy, Catering, Staff Health, Education and Nursing Administration; also there is reference in later policies to the separate Medical and X-ray Records. But otherwise the principle is to serve the Group's documentary needs from this one location, which comprises a large open office subdivided between clerks and secretaries, with an adjacent general records room.

The secretaries provide a "pool" typing service for all hospital users (except the consultants who are served by the Medical Records Dept. and those few others - e.g. Group Secretary and Nursing Administrators - who may have their own personal secretaries). This system is more economical and permits use of part-time staff, who may be either audio or copy-typists.

In this same area there is the mechanically-ventilated duplicating room which provides the necessary reproduction facilities for the group. In addition it holds the department's stocks of stationery, etc. which are topped-up at suitable intervals by a trolley from the Supply Centre.

Advice and Information to Staff

Acting in conjunction with the Librarian, Principal Tutor and other departmental heads, the Personnel Office has to ensure that the staff are kept fully aware of facilities and developments in the hospital and group. New recruits, particularly in ancillary grades, must be given induction courses as soon as possible, and training in new procedures or use of unfamiliar equipment may be necessary at any time. Advice on examinations and careers in the hospital service should always be available. Every staff member should be able to discuss problems, voice complaints or suggestions, or appeal against disciplinary action, through the recognised channels. (See also under "Welfare" in Policy No.IIF).
There should be a suitable procedure for joint consultation and counselling.

Written or duplicated communications take a variety of forms, e.g.:-

(i) Day-to-day information - menus, chapel notices, T.C.I. pamphlets, etc.

(ii) Correspondence with suppliers and others - orders, invoices, accounts.

(iii) Posters for public display at strategic points about matters of common interest and importance.

(iv) News bulletins and the like, published at regular intervals.

(v) Miscellaneous correspondence, inter-office memos, etc.

As regards verbal communications, the PABX3 type of telephone system has been mentioned in Policy No.IIB, and the full schedule of internal extensions is available for reference. That policy also describes the various normal and emergency call systems.

The preparation, reproduction and filing of documents and reports is centralised to the Pullant possible extent, for ease of control and availability. A few local stenotypists have already been noted, e.g. under Stores and Pharmacy, Catering, Staff Health, Admission and Nursing Administration; also there is reference in later portions to the separate Medical and X-ray Records. But otherwise the principle is to serve the group's documentary needs from this one location, which comprises a large open office subdivided between clerks and secretaries, with an adjacent general records room.

The secretaries provide a "pool" typing service for all hospital users (except the consultants who are served by the Medical Records Staff, and the few others - e.g. Group Secretary and Nursing Administrators - who may have their own personal secretaries). This system is more economical and permits use of part-time staff, who may be either auxiliaries or duty-typists.

In this same area there is the mechanically-ventilated duplicating room which provides the necessary reproduction facilities for the group. In addition it holds the department's stocks of stationery, etc. which are topped up at suitable intervals by a trolley from the Supply Centre.

Advice and Information to Staff

Acting in consultation with the Literature, Printing, Typist and other departmental heads, the Personnel Office has to ensure that the staff are kept fully aware of facilities and developments in the hospital and group: this requires, particularly in auxiliary grades, that be given training courses as soon as possible, and updating in new procedures or use of auxiliary equipment may be necessary at any time. Advice on examinations and careers in the hospital service should always be available. Every staff member should be able to discuss problems, voice complaints or suggestions, or appeal against disciplinary action, through the recognised channels. (See also under "welfare" in Policy No.XIVI).
There should be a suitable procedure for joint consultation and communication.

Written or duplicated communications take a variety of forms, e.g.:-

(i) Day-to-day information - menus, chapel notices, T.C.C. pamphlets, etc.

(ii) Correspondence with suppliers and others - orders, invoices, accounts.

(iii) Posters for public display at strategic points about matters of common interest and importance.

(iv) News bulletins and the like, published at regular intervals.

(v) Miscellaneous correspondence, inter-office memos, etc.

As regards verbal communications, the PAHO type of telephone system has been mentioned in Policy No.XIX, and the full schedule of internal extensions is available for reference. That policy also describes the various normal and emergency call systems.

Security and Valuables

In general, the safeguarding of hospital property and equipment is the joint responsibility of the Group Secretary and Treasurer. Day-to-day administration of actual security systems is likely to be delegated to a senior member of the hospital administrative staff.

Security of the site is almost impossible (see Policy No. IIA), and maximum effort should therefore be focussed on the buildings and rooms themselves. A key "mastering" system on a department basis is essential (with special arrangements for departments such as the pharmacy and mortuary); the master keyboard must be under 24 hour supervision, and keys can only be issued on receipt of a signature. A system of night patrols by the portering service should be established to cover certain high-risk areas.

Maximum security arrangements are necessary to safeguard payment of wages, and whichever area is chosen for this activity should be provided with adequate control methods during the actual paying-out period.

Any special installations for the Bank must be the responsibility of the (commercial) bank manager.

Although the non-resident female staff changing area is designed to have constant supervision, basic responsibility for personal possessions remains with the individual, and wherever lockers are provided they should be kept locked at all times.

Valuables

A night safe for the custody of cash and valuables of patients admitted at night is built in to the corridor wall of the A. and E. Sister's office, and fitted with a felt-lined chute for protection of items such as watches. The "posting" aperture is on the corridor side, the collecting box within the room. The responsibility for deposit of valuables at night, correctly listed and labelled and signed for, rests with the Night Superintendent. The following morning a senior administrative officer is responsible for their transfer to the safe in the central administration block, there to await eventual return to the proper owner.

For security aspects of entrances, fire escapes, etc. see Policy NoIIA.

For alarm and safety systems, see Policy No.IIB.

For safeguarding of stores and dangerous drugs, see Policy No.IID.

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In general, the safeguarding of hospital property and equipment is the joint responsibility of the Group Secretary and Treasurer. Day-to-day administration of actual security systems is likely to be delegated to a senior member of the hospital administrative staff.

Security of the site is almost impossible (see Policy No. IIA), and maximum effort should therefore be focussed on the buildings and rooms themselves. A key "monitoring" system on a department basis is essential (with special arrangements for departments such as the pharmacy and mortuary); the master keyboard must be under 24 hour supervision, and keys can only be issued on receipt of a signature. A system of night patrols by the portering service should be established to cover certain high-risk areas.

Maximum security arrangements are necessary to safeguard payment of wages, and whichever area is chosen for this activity should be provided with adequate control methods during the actual paying-out period.

Any special installations for the bank must be the responsibility of the (commercial) bank manager.

Although the non-resident female staff changing area is designed to have constant supervision, basic responsibility for personal possessions rests with the individual, and wardrobe lockers are provided they should be kept locked at all times.

Valuables

A safe sale for the custody of cash and valuables of patients admitted at night is built in to the corridor wall of the A. and E. Sister's office, and fitted with a fail-fitted chute for protection of items such as watches. The "posting" aperture is on the corridor side, the collecting box within the room. The responsibility for deposit of valuables at night, correctly listed and labelled and signed for, rests with the Night Superintendent. The following morning a senior administrative officer is responsible for their transfer by the safe in the central administration block, there to await eventual return to the proper owner.

For security aspects of entrances, fire escapes, etc. see Policy No.IIA.

For alarm and safety systems, see Policy No.IIB.

For safeguarding of stores and dangerous drugs, see Policy No.IIC.

Administrative Staff

(Certain specialised categories are dealt with elsewhere, e.g. Policies IIE, IIG, IIJ, IIK and VB).

A suggested establishment for the management functions so far described is as follows:-

(a) Central Administration:- (Group and Hospital)

Group Secretary	- 1
Deputy "	- 1
Admin. Officer/Hosp. Secretary	- 2 (S.A. or equiv.)
Admin. Officer/Asst.	- 3 (G.A.) - 1 possible off-site (in industrial zone
H. Clerical officer	- 1
Clerical officer	- 2
S/H or copy typists	- 5 1 off-sited, indust. zone
Pers. Secretary	- 1

(b) Finance Dept. Administration (dept. is off-sited)

Notes:
(i) liaison with d.g.h. from existing staff.
(ii) No changes to establishment proposed. R.H.B's to review existing arrangements if required.

(c) Supplies

/Supplies officer (Gp. or Area)	1)	Eixsting arrangements
/Deputy "	1)	to be reviewed by R.H.B's/

Liaison at d.g.h.

Supplies Asst.	1 (S.A.)
Storekeeper/clerk	1 (for stores porters see later)

In addition at Frimley only

Higher clerical officer	2 (reflects bulk Gp. stores on site
Clerical "	1 (
Clerk/typist	1 (

(d) Clerical assistance other than above. (N.B. for med. Records, see policy IIJ)

Nursing -	Pers. Secretary	1
	Clerk/typist	3 (1 in training school)
P.G.M.C.		
	Pers. Secretary	1
Pharmacy		
	Higher clerical officer	1
Engineering		
	Higher clerical officer	1 (Planned MTCE)
	Clerk/Typist	1 ( )
Medical Social Work		
	S/H typist	1
Pathology		
	Clerical officer	1
Appliance officer		
	Higher clerical	1

Administrative staff

(Certain specialized categories are dealt with elsewhere, e.g. fulltime IIB, IIC, IIE, IIK and VB).

A suggested establishment for the management functions as far described is as follows:-

(a) Central Administration:- (Group and Hospital)

Group Secretary	- 1
Deputy "	- 1
Admin. officer/Hosp. Secretary	- 2 (S.A. or equiv.)
Admin. officer/Asst.	- 3 (S.A.) - 1 possible off-site (in Industrial area)
1. Clerical officer	- 1
Clerical officer	- 2
1/2 or copy typist	- 3 1 off-site, indust. area
Pers. Secretary	- 1

(b) Finance Dept. Administration (incl. 3p off-site)

Rotaru	
(i) Liaison with d.a.s. from outlying stall.	
(ii) Ex officio to establishment proposed. H.M.A.'s to review existing arrangements if required.	

(c) Supplies

Supplies officer (Sp. or Area)	1) Existing arrangements
Deputy "	1) to be reviewed by A.M.A.'s

Liaison at d.a.'s

Supplies asst.	1 (S.A.)
Storekeeper/clerk	1 (for stores porters see later)

In addition at Friday lane

Senior clerical officer	2 (reflects full op. hours cover)
Clerical	1 (
Clerk/typist	1 (

(d) Internal auditors other than above. (H.S. for mod. Hospital, see policy 12)

Nursing - Pers. Secretary	1
Clerk/typist	3 (1 in training school)

P.M.R.A.

Pers. Secretary	1

Pharmacy

Higher clerical officer	1

Dispensaries

Senior clerical officer	1 (Planned 1972)
Clerk/typist	1 (

Medical Social Work

S/M typist	1

Laundry

Clerical officer	1

Catering officer

Clerical officer

Clerk/typist

Medical Staff

Secretary	1

Portering Service - Organisation

A senior administrative officer is in overall charge of the service and responsible to the Group Secretary.

Day-to-day management within the d.g.h. rests with the Head Porter and his Deputy, for whom good communications (including "bleep") are a fundamental requirement. The service is organised as a combination of the central pool for stand-by and general duties, plus permanent allocations to key departments, e.g.

Accident and Emergency and Outpatients

Operating Theatres and T.S.S.U., also Maternity Admissions

Mortuary (when not working there, the attendant should be available for general Pathology duties).

X-ray Department, etc.

(For Supply and Disposal, see special considerations described below).

Hours of Duty:-

Departments generally - normal working hours (But the operating department requires special stand-by rotas for manning the emergency theatre - see Policy No.VB).

Pool service - appropriate shifts over 7-day week to ensure adequate cover and reliefs at all times, especially the recognised peak periods, with full night-shift rota for A. and E. reception and any other on-call requirements.

(Weekend supervision is shared between Head Porter and Deputy)

Functions:-

Moving patients - in and out of vehicles; to, from and between wards and departments; within departments (e.g. from bed to trolley) if requested: also bodies to mortuary.

Moving information - mail, records, X-rays, specimens and reports

Moving equipment and furniture to and from Stores, Cleansing Unit etc.

} Mostly on regular rounds.

Night security, emergency and stand-by duties.

Control of car parking and traffic during peak visiting hours.

Supply and Disposal (including Catering): these are mixed, partly-specialised functions, requiring some staff allocation from the pool (e.g. for driving the "floats" on regular rounds) and some departmental allocations (e.g. for working in pharmacy and the incinerator/crusher room) according to convenience.

A senior administrative officer is in overall charge of the nursing staff responsible to the Group Secretary.

Day-to-day management within the G.A.H. rests with the Head Porter and his Deputy, for whom good communications (including "bleeps") are a fundamental requirement. The service is organised as a mobilisation of the central pool for stand-by and general duties, plus permanent allocations to key departments, e.g.

Accident and Emergency and Outpatients

Operating Theatres and T.S.S.U., also Maternity Admissions

Mortuary (when not working there, the attendant should be available to General Pathology duties).

X-ray Department, etc.

(For Supply and Dispensary, see special consideration mentioned below.)

Hours of Duty:-

Departmental generality - normal working hours (but the operating department requires special stand-by rotas for opening the emergency theatre - see Policy No.VB).

Pool service - appropriate shifts over 7-day week to ensure adequate cover and relief at all times, especially the requirements peak periods, with full night-shift rota for A. and E. reception and other on-call requirements.

(Weekend supervision is shared between Head Porter and Deputy)

Functions:-

Moving patients - in and out of vehicles, to, from and between wards and departments within departments (e.g. from bed to trolley) and requisitions also relates to mortuary.

Moving informations - mail, records, X-rays, specimens and reports.

Moving equipment and furniture to and from Stores.

Cleaning Beds, etc.

Night security, emergency and stand-by duties.

Control of car parking and traffic during peak varying hours.

Supply and Dispensary (Analgesic Dispensing): These are wards, particularly specialised functions, requiring some staff allocations from the Porters (e.g. for driving the "Flints" on regular rounds) and some departmental allocations (e.g. for working in pharmacy and the intermediate room) according to requirements.

Porters' Duties and Workplaces

Head Porter: has an office next to staff entrance from which the whole service is managed by self or deputy; responsibilities include:

- engagement and general supervision of staff, including arrangements for uniform issue, etc.
- routine and emergency allocations of pool duties.
- timetable and staffing for the delivery and disposal services which are described in Policies IID and IIE.
- control of postal/messenger rounds.
- traffic and car parking arrangements.
- security patrols and checking of master keys.
- oversight of telephone service (working through the supervisor)
- control of transport section (if appropriate) through head driver.
- general oversight of theatre technicians (in conjunction with Theatre Superintendent - see Policy VB).

Pool Room: adjoins Head Porter's office and intended for use as daytime working base, not rest- or mess-room; contains coathooks and washbasin to meet occasional need. (Post room is described on next page).

A. & E. Reception: this position is kept open and staffed at all times of day and night as reporting point for emergencies and assistance; service within department is supplemented from the main pool as occasion demands; holds master keyboard and maintains close liaison with telephonists nearby.

O.P.D. Reception: although a rest-room is provided here for drivers and porters, the latter's main function is intended to be mobile and flexible, covering assistance to patients on arrival and movement throughout both departments and beyond if necessary. Parking bays for stretcher trolleys and wheelchairs are provided beside both entrances.

Mortuary: a specialised service for which the attendant requires a reception office and his own toilet facilities. Outside normal hours the key to the body store is kept on master-board for use by night staff.

X-ray: a place for reception and general assistance in department during normal daily working hours.

Maternity Admissions: a place for reception and general assistance in department at any time of day or night.

Operating Department: a base for external and internal movement or patients during normal or emergency sessions.

Stores and Pharmacy: see previous page.

Mail and Telephones

The postal sorting room is located next to the porters' pool room near staff entrance, and is the only point for handling all G.P.O. business. It is equipped with parcel weighing and franking machines, various sorting racks and a deep full-length worktop, also a security cupboard for registered mail and stamp floats.

The room must be opened early enough for porters to receive and start sorting all incoming mail - official, staff or patients - and it can normally be closed after the last outgoing collection. From it there is organised a regular (say, hourly) messenger service throughout the hospital, to collect and distribute correspondence, records, reports and miscellaneous papers.

The posting box and stamp vending machines provided in main concourse must be regarded as a subsidiary facility, i.e. the responsibility of the hospital and not the G.P.O. (comparable with, say, the various coin-box telephones).

Telephones (for details of installations see Policy No. IIB).

Although the switchboard operators should be specialised (not porters) and preferably G.P.O. trained, the service is described here because it falls within the Head Porter's general management province, working through the senior telephonist.

The swtichboard room is pleasantly situated beside the A. & E. entrance, with access via the telephonists' rest room. The board itself is sized for possible future manning by three operators, although only two are needed to meet present demand.

As the nerve centre of the internal communications systems, the room also contains the master console for VHF staff location and the basic stock of pocket receivers. The allocation of these "bleeps" is intended to be on a personal basis; use of a name-rack for storage can thus provide a convenient check on the availability of the individual officers and enable them to collect messages, etc. on arrival.

Controls for the fire alarm, blood bank and other automatic warning systems are also located here.

Portering, etc. Staff

A suggested establishment for the particular services described under this heading is as follows:-

Supervisory:-	Head Porter	1	) (covering alternate weekends)
	Deputy	1	)

Permanent departmental allocations (with general relief from Pool):-

A. & E. Department	3	(Night cover from Pool)
O.P.D./Phys. Med.	2	
X-ray	1	
Pharmacy	1	
Mortuary/Pathology	1	
*Operating Department	6	(4 inside, 2 outside)
T.S.S.U.	1	(Night cover from pool)
Incinerator/crusher	2	
Postal service	1	
Maternity admissions,	1	
Stores:- delivery and disposal	6	(incl. 2 for inside work)
General Pool (including rotational straight shifts to cover stores, A. & E. and other night duty requirements)	10	
Total	37	(incl. all reliefs for absences).
Telephonists (including supervision)	7	
*[N.B. also Theatre technicians (see Policy No. VB)	6 Grade I (incl. TSSU) 3.5 Grade II.	]

Staff Facilities

For the majority, these are as already described in Policy No.IIF. Special reference is made to the following categories, however:-

Mortuary Attendant)
Disposal Porters) (certain on-the-spot toilet facilities are available because of special nature of work.

Telephonists - rest room adjoins the switchboard room and is equipped with sink, electric kettle, etc. (although the night telephonist is expected to be given a proper tray service from the snack bar). Repeater bells from switchboard should sound in the rest room and nearby toilets to cover times of limited manning.

Social Work

This is organised as a Group function, requiring personal contacts with patients and their relatives (and perhaps their homes) as well as close liaison with the appropriate local authority services. The offices need to be pleasant and fairly self-contained, with own records, because of the confidential nature of the work; this consists mainly of giving advice and reassurance on a wide range of welfare and social problems, to help the patients' recovery and ease his return to the community.

The location of the offices is not too critical (because much of the service is taken to the patients, whether in wards, day centres, physical medicine department, etc.) but they have been made accessible to all outpatients and to the admissions/discharges counter.

Rooms and Functions

(a) Beside O.P.D. Entrance:-

Clerk/Typist and Confidential Records; this office serves the whole section, and looks to general secretariat only for occasional document reproduction and office services.

Waiting Area; segregated from main o.p.d. traffic as much as possible.

Head Social Worker (1); her office furniture includes a security cabinet or cupboard to hold cash float for occasional help to patients, and she is responsible to the Group Secretary for the policy and management of the section.

Social Workers (2); each probably covering a defined area of the hospital.

(b) In A. & E. Dept.:- Social Worker (1): office for use if required.

(c) In Psychiatric Unit:- Social Worker (1) associated with O.T. area; there is also another office for occasional use if required for child psychiatry clinics, etc.

Suggested Staffing: 4 or 5 according to demand.

Liaison with Community Services

One of the basic planning principles of this hospital is that the co-ordination between the different branches of the health service must be fostered in every possible way. Its influence is apparent in a number of the policies, whether whole-hospital or departmental; besides the close liaison that Social Workers obviously have to establish, as mentioned earlier, other examples are as follows:-

Maternity: - there is a Health Visitor's office in the ante-natal clinic.

- design of labour suite makes it easy for g.p's. and local midwives to come in with patients and undertake deliveries if desired.

Education: - combined courses arranged for local authority and hospital nurses should facilitate study of community health problems.

- the postgraduate medical centre offers a forum where g.p's. and hospital staff can exchange views on matters of common interest.

Diagnostic Services (X-ray and Pathology):- g.p's. should be encouraged to refer patients or specimens for diagnosis and receive their reports direct.

Mortuary: - Size and facilities allow for any necessary l.a. use.

Ambulances:- transport office at entrance provides full liaison.

However, there are other major aspects of the hospital's work, namely the streamlining of admissions, early discharge procedures and the arrangements for day surgery, which justify the provision of two special offices associated with Administration and Medical Records; these are as follows:-

General Office: to serve as temporary (working) base for any local authority staff who may have occasion to visit the hospital for liaison purposes.

Communications ("Ops") Room: a larger area fitted out with wall panels, etc. on which can be displayed daily details of admissions, discharges, patients' special circumstances, and so on. The use of this room by all visiting staff and g.p's is intended to be flexible, and its full development as a means of exchanging information and improving co-ordination is likely to be mainly the concern of Medical Records.

N.B. Adjoining these offices is the one allocated for co-ordination of the Voluntary Services, thus giving further scope for liaison in matters relating to patients' welfare (see Policy No. IIK).

Final "Best Buy" Planning Policy No. IIJ

MEDICAL RECORDS: APPOINTMENTS: ADMISSIONS & DISCHARGES

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References:

HBN No. 18 - Administration
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"Medical Records & Secretarial Services" (O. & M. Report No. 2, 1959).
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Final "Best Buy" Placement Policy No. 14.

MEDICAL SERVICES - ADMINISTRATIVE - ANALYSTS & ACCOUNTANTS

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"The Medical Library of Hospital Medical Records" (Office Report 1969).
"Organised Improvements in the Ambulance Service" (O. & M. Report No. 2, 1969).
"Organisation & Design of Outpatient Departments" (O. & M. Planning Unit, 1969).
"Medical Secretary Analysis" (The Hospital, May 1969).

General Principles

The Group Medical Records Department is intended to play an important part in the co-ordination of community health services and the intensive use of all the hospital's patient-care facilities. In the development plan it therefore has to be given a strategic position, neither self-contained nor isolated; the functional relationships were found to be satisfactorily served by a linear type of layout, with the following sequence of rooms:-

	Links with:
(Consultants' offices	other branches of Admin.)
Diagnostic Index	Postgrad. Medical Centre.
Medical Secretaries	
Records Store	
Machine Room	
RECORDS OFFICER	L.A. Communications.
A. & E. Reception	Emergency Admissions
O.P.D. Appointments/Reception ..... (and Transport)	Specialist Clinics & Day-Centres.
Admissions and Discharges	
(Concourse	other hospital departments).

The contribution the Department can make towards overall efficiency is bound to depend very largely on its own internal organisation. Full use must be made of modern methods with due regard for coming developments in data processing, etc.

Certain aspects of the Department's work, e.g. standardisation of procedures and reduction of outpatient waiting times, have been matters of increasing public concern for a number of years. A wealth of guidance material has already been published, and this has been taken into account in the formulation of the policy statement.

The Object is to ensure that these vital co-ordinating and supporting services for both patients and staff, as described on the following pages, shall work as effectively as possible in every foreseeable respect.

Outline of Procedures: Outpatients

The management of various types of cases may involve the Records Department staff in some or all of the following:-

Clinic Appointments - carefully programmed; can be made by telephone or personal call; pre-registration by g.p's should help to reduce delays.

Documentation - standardised for all purposes; makes full use of plate-embossing, addressing and other equipment in special Machine Room.

Record Storage - fixed open racks for "active" files and mobile racks for "dormant" files, sufficient for retention beyond the recommended 6 years' minimum period if desired.

- & Retrieval - it is important that both the Master Index (for reference by appointments staff) and the Diagnostic Index (for research, etc. by medical staff) be kept fully up-to-date.

Statistics - the demand for these is ever-increasing, and with standardisation and automatic data-processing the records can be interpreted in any desirable form, e.g. for Hospital Activity Analysis.

O.P. Clinic Lists - thorough advance preparation of case-notes, combined with an effective appointments system, should minimise the need for transit to and from Records Store during the course of a clinic session.

Clinic Reception - the preferred method combines two advantages:

(a) centralised appointments register, for telephones and transport co-ordination,

and (b) local sub-receptionists to relieve the clinic nursing staff of various non-nursing duties.

Transport Arrangements - the main reception counter is the reference point for all outpatient services, including liaison with the ambulance authorities and voluntary organisations for transporting non-ambulant patients to and from the hospital.

A. & E. Attendances - separate records may serve for transitory purposes, but there must be links with the standard system to cover any subsequent need for registration as in or out-patients.

Outline of Procedures Contents

The management of various types of cases may involve the Medical Department staff in some or all of the following:

Clinic Appointments - normally programmed; can be made by telephone or personal call; pre-registration by staff should help to reduce delays.

Incorporation - standardized for all purposes; means full use of clinic-admission, medication and other equipment in special Medical Zone.

Inpatd Stands - Fixed open areas for "active" files and audio media for "summary" files, sufficient for retention beyond the recommended 5 years minimum period if desired.

- Interval - it is important that both the Master Index (for patients on stand) and the Discharge Index (for reference, etc. by medical staff) be kept fully up-to-date.

Creation - the demand for these is ever-increasing, and with standardization and automatic data-processing the records can be interpreted in any desirable form, e.g. for Medical Activity Analysis.

Off, Clinic lists - thorough advance preparation of ante-notes, combined with an effective appointments system, should minimize the need for transit to and from Records Store during the course of a clinic session.

Clinic Location - the preferred method combines two advantages:

(a) centralized appointments register, the behaviour and treatment co-ordination;

and (b) local non-professionals to collect the clinic nursing staff of various non-nursing duties.

Transport Arrangements - the main problem concerns is the reference point for all contact services, including Medical Staff, the medical administration and necessary preparations for transporting non-ambulant patients to and from the hospital.

A. & E. Attendance - separate records may serve for emergency purposes, but these must be linked with the standard system to cover any subsequent need for hospitalization as in out-patients.

Outline of Procedures (continued): Inpatients

Waiting Lists - maintenance of an accurate and detailed register of cases to be admitted for inpatient treatment enables medical management to plan for optimum use of beds.

Day-Surgery, etc. - the successful implementation of techniques for increasing throughput and reducing the need for patients to stay overnight demands equivalent streamlining of Records Department procedures.

Day-Centres (Psychiatric & Geriatric) - the fact that these two busy departments are also fairly self-contained justifies providing them with sub-offices for reception/records purposes.

Admissions - documentation of inpatients is completed either on arrival (for "cold" booked admissions) or early the following morning (for emergency and overnight admissions).

Psychiatric & Maternity Admissions - special considerations may influence the preparation and holding of medical records for these two categories.

Births & Deaths - there are certain statutory requirements to be observed.

Discharges - the effectiveness of early discharge schemes depends largely on the organisation of domiciliary care and follow-up, i.e. on proper liaison with social workers and community services.

Case-Notes - all concerned should appreciate the importance of getting records back from wards, clinics, etc. and into proper storage without undue delay.

Medical Secretaries have a major part to play in seeing that clinical data is kept up-to-date.

Main Reception Area and Offices in Concourse

In the Scottish Planning Note No.6 it was recommended that the functions of making appointments and reception etc. of outpatients should be combined and wholly decentralised, i.e. allocated to a number of working bases throughout the o.p.d. with clerk/receptionists each serving a group of clinic rooms.

The arguments in favour of this have been carefully considered, and have led to the provision of four sub-reception points where records department staff can contribute to the smooth running of clinics by undertaking general duties which would otherwise fall mainly on the nursing staff. This arrangement will be described more fully in Policy No. IVA.

As regards the making of appointments, however, it has been decided that this major responsibility should still be centralised, for the following reasons:

- to maintain the utmost flexibility in use of all constult/exam rooms;
- to ensure that adequate staffing for this task shall always be available, particularly in times of sickness and holidays;
- to encourage the use of pre-registration by g.p's.
- to facilitate the co-ordination of transport requirements.

The Reception Counter just inside the main entrance should present an attractive appearance and provide workspace for up to four clerks plus transport officer. It needs to be fully staffed in daytime; evening use is likely to be mainly for answering occasional enquiries and directing patients' visitors to the wards, via hospital street and staircases. (This might well be done by a duty porter, who could also ensure that the entrance was closed after all visitors had left). The Clerk's duties are described on later pages.

Transport Officer

The importance of this post in the co-ordination of o.p. attendance times, and in maintaining effective liaison with the ambulance authority and voluntary car services, is demonstrated in O. & M. Report No. 8. The Report also recommends standard procedures and documents which should help towards economical deployment of vehicles and reduction of waiting times.

Liaison is assisted by the provision of an adjoining room - with direct 'phone link to ambulance depot - for use as a working/waiting base by drivers attending the hospital (also by porters on duty at the entrances). A special area is allocated beside the main entrance, within sight of the transport officer, for patients awaiting transport home.

Admissions, etc. Office

The office opening off the rear of the counter area serves a number of purposes. It enables the making of telephone appointments to be screened from the public counter, although the registers must be available for use in either area. It holds the Master Index. It is the centre of Admissions work, in regard to which the adjoining room can also be used for waiting/interview purposes.

Outpatient Appointments

Despite the emphasis on pre-registration by g.p's., the system still has to allow for a certain number of patients making their own arrangements for out-patient attendance, whether by telephone or personal call. There are also the follow-up appointments to be registered for some of the patients leaving clinics. Staff therefore have to divide their attention between counter and office. The central appointments registers must be equally available to those working in either location.

It is desirable that the telephones should include at least one direct "outside" line (i.e. non-switchboard), in a place that is screened away from the public counter. Whenever possible the clerk should aim to agree a suitable time and date on the spot, recording only the patients' name, address, age and transport needs, for example; however, in certain circumstances it may be necessary to send the caller a postal reply, in the same way as for written applications.

Transport Needs

The principle of spreading appointments throughout each clinic session should be generally acceptable nowadays, but having to take account of transport needs as well may seem an unwelcome complication. In fact it can help a good deal towards the success of the system and reduction of waiting times, justifying close co-ordination between the booking clerks and transport officer in regard to:

- possible "zoning" of appointments for those requiring transport to attend;

- watching the progress and timing of sessions, to avoid patients being made to wait a long time for transport home.

Clinic Lists and Folders

By checking the Master Index in respect of any patient who has been booked without a reference number, the clerk can usually determine whether a new case folder needs to be opened. This is processed through the Machine Room, and then placed in the Record Store; the making-up of the clinic list and assembly of folders, etc. for the session as booked is usually done one or two days beforehand.

If further basic particulars are still needed, the folder is held at the reception counter to await the patients' attendance. Otherwise all folders can go straight to the sub-receptionist for that particular clinic, with the counter staff only having to tick off attendances against the list and direct patients to the appropriate sub-waiting area. It may be possible for some clinics to accept the occasional unbooked patient, but the basic documentation of such cases must still be carried out at the reception counter first.

N.B. It is very important that all general practitioners' letters, whether they arrive by hand or by post (pre-registration) should be seen by the appropriate clinician at the earliest opportunity.

Booked Admissions & Waiting Lists

The normal procedure enabling a sick person to be admitted to a hospital bed, whether as in-patient or day-patient, depends upon medical decision during the out-patient consultation. The consultant gives the patient a waiting-list card which is taken to the admissions office for initial recording.

At the end of the clinic session, when all records folders are being sorted through at the main counter, those for the waiting-list cases are kept on one side and any further procedures that may be necessary are put in hand, e.g. requisitioning a comprehensive set of i.p. documents from the machine room.

Day-Surgery, Investigations, etc.

If the use of the facilities available (e.g. day/emergency unit and central treatment rooms) is to be effectively pre-planned, it is important that the identification of patients not likely to need overnight stay should be done at the time they are placed on the waiting list. The call-up procedure can then be made simpler than for full in-patients.

Waiting Lists

In a way these may be regarded as one of the barometers of success in medical management.

It is the Records Officer's responsibility to ensure that they are kept up to date and made available for the medical executive committee or individual consultants to review at any time. Active co-operation between the parties involved in the planning of call-up for admission, flexible allocation of beds between specialties, etc., can make a great deal of difference to overall occupancy rates and throughput.

Community Services - the date offered for admission is likely to be more readily accepted if the prospective inpatient can also be assured that there is positive liaison between the hospital, his g.p. and the domiciliary nursing services. This is the beginning of the community care which must be continued after discharge.

Special or Emergency Admissions

The system also has to allow for a limited number of special admissions, and for emergency (unbooked) admissions by day or night; these are dealt with as follows:

Psychiatric Unit

After initial medical examination on arrival, it may be decided that the occasional highly-disturbed patient should be kept in the ambulance and taken round to the back of the hospital for direct admission to an assessment bed. In such cases it is the responsibility of the reception clerk stationed in that unit to ensure the necessary documentation is completed as soon as possible, and to maintain liaison with the central admissions office.

Isolation Unit

In a similar way, there may be rare occasions when a highly-infectious patient has to be admitted direct from the ambulance to an isolation room. There is still the same need to ensure early documentation, liaison, etc. and this is normally initiated by the nurse in charge of the unit.

Maternity Unit

The procedure here recognises that admissions may be partly"booked" and partly "emergencies". The unit has its own admissions office and clerk for daytime working. Records for current cases must always be kept readily available - in daytime they are likely to be wanted in connection with the ante-natal clinic, but at night the best place for the trolley to stand is probably under the reception counter in A. & E. Department, where it can be supervised.

Accident and Emergency Department

There is a reception clerk on duty in this area to ensure that basic documentation, tracing of earlier records, etc. is carried out as appropriate in each case. The routine for tracing earlier records should be to search through the "active" racks first, since folders are not moved to "dormant" racks until several years after the last recorded attendance. If it is decided that the patient should be admitted to a general acute bed (in daytime only) the records work is completed by liaison with the ward staff. At night (when the desk is manned by a porter) or at any time when major surgical, etc. treatment is urgently needed, admission should be to the Day/Emergency Unit, in which case the A. & E. reception clerk must ensure that the documentation is completed as soon as possible afterwards.

N.B. It is customary to maintain a day-to-day Register in which are entered brief details of the cases dealt with by the Department. For those patients who are simply treated and discharged, without having any prior or subsequent connection with the hospital, this remains the only record. For the others, unit numbers must later be added for necessary cross-referencing to the full documentation.

Special or Emergency Admissions

The system also has to allow for a limited number of special admissions, and for emergency (unbooked) admissions by day or night. These are dealt with as follows:

Psychiatric Unit

After initial medical examination on arrival, if any be deemed just the occasional highly-disturbed patient should be kept in the ambulance and taken round to the back of the hospital for direct admission to an appropriate bed. In such cases it is the responsibility of the reception clerk attached to that unit to ensure the necessary documentation is completed as soon as possible, and to maintain liaison with the medical admission office.

Isolation Unit

In a similar way, there may be rare occasions when a highly-infectious patient has to be admitted direct from the ambulance to an isolation room. There is still the same need to ensure early documentation, liaison, etc., and this is normally initiated by the nurse in charge of the unit.

Maternity Unit

The problems here resemble that admission may be partly "booked" and partly "emergency". The unit has its own admissions office and clerk for daytime working. Records for current cases must always be kept readily available - in daytime they are likely to be needed in connection with the ante-natal clinic, but at night the best place for the trolley to stand is probably under the reception counter in A. & E. Department where it can be supervised.

Weekend and Bank-Holiday Department

There is a reception clerk on duty in this area to ensure that basic documentation, binding of medical records, etc. is carried out as appropriate in each case. The routine for dealing with other records should be to switch through the "active" index first, since folders are not moved to "dormant" racks until several years after the last recorded attendance. If it is decided that the patient should be admitted in a general ward bed (in daytime only) the records can be completed by liaison with the ward staff at night when the clerk is assisted by a porter or at any time when major surgical ward, treatment is urgently needed, admission should be to the Day/Emergency Unit, in which case the A. & E. reception clerk must ensure that the documentation is completed as soon as possible afterwards.

N.B. It is necessary to maintain a day-to-day register in which are entered brief details of the cases dealt with by the Department. For those patients who are already known and discharged, without having any prior or subsequent connection with the hospital, this remains the only record. For the others, with medicare card later be added for necessary cross-referencing to the full documentation.

Births; Deaths; Discharges

Apart from maintaining the hospitals' own returns of births and deaths, the records staff are not often likely to be involved in observing statutory requirements and notifications, which fall mainly on parents (births) and next-of-kin (deaths).

It may be customary for the local Registrar to pay regular visits to the Maternity Unit, by arrangement with the Superintendent Midwife.

Circumstances involving notification to the Coroner would be handled directly by medical staff. The same applies to post mortem requests and authorisations, the completed forms for which are usually kept in the pathology department and not included in the medical records case folder. If the Coroner's Clerk requires interview space at the hospital in connection with a particular case, this is available in Admin.

Discharges

As with admissions, this is a function that requires very careful planning in order to reach that level of co-ordination with community services which best complements the intensive use of the hospital's facilities. The general practitioner, for example, must be given advance notice that his patient is due for release. If home nursing care is still necessary, the local authority services must be consulted and enabled to make suitable arrangements. It is in these circumstances that the proper use of the L.A. Communications Room as described in a previous Policy becomes so important.

The appropriate discharge letter having been written by the medical staff concerned, the patients' record folder is returned without delay to the admissions office for follow-up action, which includes production of the discharge list. After Medical Secretaries have made sure that the reports are all completed, they are passed via the Diagnostic Index to the Record Store.

In exceptional circumstances the patient may have to be transferred to another hospital instead of discharged, and this may involve some copying of records.

Chaplains

One of the department's regular duties is to ensure that the chaplains attached to the hospital are kept fully informed about admissions, discharges, deaths, etc.; for this purpose a daily summary can be prepared and handed to them on arrival (probably via the A. & E. reception desk) although they may also wish to be included in the general liaison arrangements described above.

Indexes & Statistics

Master Index

This is an alphabetical card index of all patients who have been treated in the hospital, giving a corss-reference to the unit number of their case notes, whether held in the Record Store or elsewhere. It is maintained and used by the appointments clerks and located in the admissions office behind the main reception counter.

Diagnostic Index

This is again a card index system, containing summaries and cross-references to patients and the diagnosis and treatment of their diseases or conditions. It is maintained by the records staff from completed case-notes, and intended to be used by medical staff, e.g. in connection with their diagnostic and research activities, also by records staff for statistical purposes.

The need for ready availability of selected case-folders is met by a location near to the Record Store, but the Index is physically within the main block of consultants' offices. Two study places are provided there as well, to help those who may be engaged in research, etc.; this should minimise the removal of case-notes, but if ever there is occasion to take them away, e.g. perhaps to the Library, the Records Officer must always be consulted.

Statistics

The production of various schedules and returns (waiting lists, admissions and discharges, etc.) for the hospital's own use is a basic function of the Records Department. Nowadays the interest taken in such matters at regional and national levels tends to make the compiling of annual statistical summaries (e.g. for SH3's and the Hospital In-Patient Enquiry) quite a complicated business, and it may not always be easy for the staff to appreciate how their work can benefit the hospital. However, the latest development in this respect (H.A.A.) is beginning to show results, i.e. a fairly rapid feedback of information in a form which should greatly help the medical management towards more effective deployment of resources.

Hospital Activity Analysis is essentially a gathering-together and rationalisation of the separate statistical sources for presentation in a standard format designed to meet past, present and future requirements. Automatic data processing at the Regional Board level enables the various analyses to be considered by the medical executive committee and necessary changes in bed allocations, etc. put in hand with the minimum of delay.

Much of the work on H.A.A. is associated with the Diagnostic Index and is therefore undertaken by the same staff.

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Statistics

The production of various statistics and returns (waiting lists, waiting and discharges, etc.) for the hospital's use is a basic function of the Records Department. Nowadays the interest taken in such matters at regional and national levels tends to make the availability of sound statistical summaries (e.g. for SHA's and DHSS's) and some important (reports) quite a complicated business, and it may not always be easy for the staff to apprentice how their work can benefit the hospital. However, the latest developments in this respect (M.A.A.) is beginning to show results, e.g. a fairly rapid feedback of information in a form which should greatly help medical management towards more effective deployment of resources.

Management Activity analysis is essentially a matching-together and rationalisation of the numerous statistical returns for presentation in a standard format designed to meet past, present and future requirements. Automatic data processing at the regional health level enables the various analyses to be considered by the medical executive committee and necessary changes in bed allocations, etc. put in train with the minimum of delay.

Much of the work on M.A.A. is associated with the Diagnostic Index and is therefore undertaken by the same staff.

Mechanical Systems

The Machine Room has to contain those fairly simple items of equipment which contribute to the day-to-day requirements of the department, i.e. machines for plate-embossing, printing, duplicating, addressing and so on. Its location is carefully chosen (within the limitations of the design, as there is no basement) to minimise the effect of noise on other hospital users; this is also helped by sound-reduction treatment of the walls and equipment.

Information about individual patients is reproduced on all documents, for use both within the records department and elsewhere, by means of a master-plate prepared at the time of initial registration. This cuts out repetitive questioning and recording during any subsequent attendances, whether as out-patient or in-patient. The unit number, once allocated, should be a continuing means of identification by all patient-care departments if the principle of standardisation (see C.H.S.C. Report) is to be fully implemented.

Data Processing

It is conceivable that statistical developments such as H.A.A. might justify a number of d.g.h's having their own data processing installations in the fairly near future, whether in the form of punch-card systems or even electronic computers. The latter also have considerable potential uses in regard to laboratory services and specialised investigations.

The way in which these techniques are likely to be applied is not always easy to predict, but they cannot be overlooked in the forward planning of the medical records and associated services. In time they may even make it possible to undertake national studies in epidemiology and social medicine, covering the whole spectrum of the community health services.

Record Storage & Disposal

As mentioned above, the identification of each patient's record folder is by means of the unit number, which determines the filing sequences within the main Records Store. The room itself is divided roughly in half by a through-corridor, with "active" records on one side and "dormant" records on the other. The clerks' tables, cupboards, etc. are placed along the main window wall.

Storage is wholly on racks, those for "active" cases being of the fixed open type which allow immediate location and withdrawal of the required folders. Records on which there has been no action for, say, two years or more should be transferred at intervals to the three blocks of mobile racks, which are more compact but not quite so easily accessible.

Capacity:

- all the racks are 7 shelves high, the top shelf being at eye level.
- total shelf length of fixed racking is about 2,240 ft.
- " " " " mobile racking is about 2,260 ft.
- at the reasonable rating of 50 folders per ft. run, this allows for a total holding in the region of 225,000 case folders.
- it is estimated that records may be generated at an average rate somewhat under 20,000 per year, thus the capacity available should enable them to be retained well beyond the advisory minimum period of 6 years after last action if desired, without need for microfilming or subsidiary storage elsewhere.

Disposal

As recommended in the 1965 C.H.S.C. Report on Standardisation, there should be no question of keeping medical records "for ever". A disposal policy which provides for regular and systematic reviews is an essential feature of good management; the documents thus "weeded out" must be regarded as confidential waste and should not leave the hospital until destroyed. This is done either by supervised incineration or shredding.

Medical Secretaries

The secretarial service to be provided for the medical divisions is organised on a "pool" basis; this enables the Senior Secretary in charge to ensure an even spread of work and cover for individual absences. However, there is no reason why most of the secretaries should not be allocated to particular divisions, since this helps to give them a feeling of personal involvement and familiarity with the work. This flexible pattern has the further advantage of facilitating the induction of trainees.

The scarcity of shorthand-typists means that most of the transcription work is likely to originate from handwritten summaries and drafts, or from dictating machine tapes. A stock of such machines and tapes is held in the secretaries' room, for loan to consultants as required. (There is no centralised dictation system). General secretarial assistance to doctors should not include those tasks which ought properly to be undertaken by the machine room, other records clerks or the porter/messenger services.

The room provided for the medical secretaries opens off one end of the Records Store; is pleasantly appointed with windows on two sides; and contains suitable desks, cupboards, etc. to accommodate up to ten persons. It is only a few yards away from the main block of consultants' offices, consequently there is no need for special dictation cubicles, nor for the secretaries to attend at outpatient clinics for note-taking etc.

However, certain consultants' offices are located some distance away from this main block - see Policy No. IIH. In such cases it has been necessary to provide secretarial accommodation en suite with the offices, although other considerations remain the same.

Case-Notes & Summaries

Secretaries can make an important contribution to the proper functioning of the Records Department by ensuring that case-notes are brought up to date and folders returned to store as quickly as possible. This may involve some "chasing" and sorting of papers, and liaison with the Diagnostic Index clerk, as well as the prompt typing of summaries and discharge letters.

Management and Security

The Medical Records Officer is in charge of the department and responsible to the Group Secretary (via "Patients' Services" side of Admin.) for the satisfactory performance of the functions described above. This includes the organisation and deployment of all staff, although the day-to-day supervision of the medical secretaries is normally delegated to a Senior Secretary.

A great deal of liaison and co-ordination is involved, notably with medical and nursing staff both within and outside the hospital. Reference has already been made to the hoped-for developments in use of the L.A. Communications Room as a focal point for integration of community health services. The growing need for statistics as an aid to medical management is also worth reiterating - when a new d.g.h. is being designed and brought into use, the challenge of technological advances in this field must not be overlooked.

Security

"The confidential nature of medical records cannot be overstressed and must always be borne in mind by those who have to handle (them). (They) should never be left in a position where the patient, the patient's relatives, or unauthorised persons can obtain access to them."*

The Medical Records Officer is not only responsible for seeing that these requirements are brought to the notice of hospital staff generally, but also for safeguarding such records while they are in the Department's custody. Folders must not be left lying around on tables, etc. at the end of the day but placed in the Records Store, either in their appointed places on the racks or else in the clinic trolleys made up for coming sessions. (Certain exceptions to this rule are given below). The Store is locked up at night, the key being held on the master keyboard at A. & E. reception in case there is a need to seek out the records for some emergency case.

Maternity Cases - as these are the most common type of "emergency" admissions it is probably best to keep current records handy in their trolley under the A. & E. reception counter, rather than in store.

Psychiatric Cases - it is recognised that there may be grounds for keeping certain of these records separate from the main body, although still using the unit number. Sub-storage within the Psychiatric Unit should be by means of securely lockable cabinets.

Social Work, V.D. Clinic, etc. - any special segretation of patients' records that may be thought necessary in departments such as these can again be provided by use of lockable filing cabinets.

*"The Standardisation of Hospital Medical Records"(CHSC Report, 1965) Chap. III

Staffing of Records Department

A provisional establishment might be on the following lines, recognising that many of the functions listed are interchangeable:-

Medical Records:

Medical Records officer	- 1 (?S.A.)
deputy " "	1 (H.C.O.)
Clerks (Store clinic list mech. documentation)	8 (C.O.)
Main reception/Appts.	3 (1 H.C.O: 2 C.O.)
" " Transport	2 (1 " : 1 ")
Admissions/Discharges	1 (H.C.O.)
O.P.D.- clinic receptionist	4 (C.O.)
A/E - "	1 (")
Orthopaedic/Fracture "	1 (")
Ante-natal/Gynae. "	1 (")
Physical Medicine -	(1 (H.C.O./typist)
Geriatric -	(1 (S/H. typist)
X-Ray - reception/filing	- (2 (clerk/typist)
reporting	(2 (S/H typist)
Pathology - reception/typing	- 1 (C.O.)
	: 2 S/H typists
Psychiatry - reception records	(1 (clerk/typist)
Central treatment	- 1 (clerk/typist - ?P/T)
Labour Suite/S.C.B.U. - reception general office	- 2 (clerk/typist)
Operating Dept. - reception	- 1 (clerk/typist)

Medical Secretariat - pool

Senior secretary	1 (H.C.O.)
Med. secretaries	9

Hours of Duty - Normal office hours throughout (for A. & E. reception at night time, the minimal requirements can be covered by the porter on duty).

Staff Facilities

All as described in Policy No. IIF, with no special considerations.

Final "Best Buy" Planning Policy No. IIK.

WELFARE OF PATIENTS AND VISITORS

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VARIETY OF EXPERIENCES VARYING

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Facilities for Out-Patients and Non-Patients. 10
"Commercial Features" in Connection. 11
General Arrangements for Visitors. 12
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General:

Environmental conditions - good working arrangements and pleasant, comfortable surroundings - have already been mentioned for their contribution to staff efficiency (see Policy No. IIF). They can be expected to have an equally beneficial effect on the welfare of patients.

The open courtyard (patio) type of design, only two storeys high, is mainly an economy feature but has the further advantage of helping to suggest domestic scale and atmosphere; this effect is enhanced by tasteful choice of decor, furniture and fittings. Thus the psychological impact of having to undergo hospital treatment may possibly be alleviated.

The necessary medical and nursing care is supplemented by various other services (e.g. tray-service of meals) and amenities (e.g. voluntary assistance with recreation, etc.) which can all play their part in speeding the patients' recovery.

The encouragement of a more liberal attitude towards hospital visiting means that the design must have proper regard for the needs of visitors, including accommodation for relatives to stay overnight in certain cases. In this respect, the arrangements for child patients will be fully described in Policy No. IIIC.

Object:- In this Policy it is intended to assemble details of supporting services and amenities, many of which have been rather technically described in earlier policies, and to represent them from the viewpoint of the patients and visitors.

References.

H.B.N. 18.
Hospitals Year Book, Sec. 18.
I.H.B. Compendium of Hospital Building Assemblies.
Hospital Design Note No.4 (Noise Control).
I.B.S.G. "User Requirements" Report, Section A,
H.M.(62)29 and (68)22 - Voluntary Services.
H.M.(69)25 - Private Patients and Amenity Beds.

Information and Reception

The practice of giving prospective inpatients a descriptive booklet, to help prepare them for their stay in hospital, assumes greater importance when that hospital contains advanced features of patient-care and welfare to which the average person may not yet have become accustomed.

Such a booklet prepared for circulation within the catchment area could be expected to describe not only the services and amenities within the hospital, but also the special aspects of liaison with local health services and g.p.'s. It might well be parallelled by a leaflet to the g.p.'s, advising them of all the hospital's facilities and need for co-ordination.

Complaints and Suggestions - it is worthwhile to ensure, both during the evaluation period and afterwards, that patients are given every opportunity to express opinions about the building and the services it provides; suitable forms need to be prepared for this purpose.

Reception

As indicated in Policy No. IIJ, the main counter in the concourse is manned in daytime by Records Department staff who are primarily concerned with the appointments and admission procedure for outpatients and inpatients. They must also be capable of dealing with general queries from trade and private visitors, either by personal reply or by directing the enquirer to a suitable source of information and attention.

During evening visiting hours the desk is intended to be manned by a porter whose primary function should be to direct patients' visitors to the wards. The main entrance is closed after visitors have departed, but the A. and E. entrance remains open all night, with its own subsidiary reception counter.

Signposting

It is doubtful whether the information booklet as above needs to include a plan of the whole building, since it might be confusing and the majority of those who must attend the hospital can easily be directed to the departments they require by visual means.

Warning, directional and identifying signs, internal and external, are of standard pattern and selected from the I.H.B. Compendium to satisfy the following criteria:-

Simplicity - using arrows and symbols where appropriate, otherwise brief, easily understood terminology.

Visibility - the length of the streets and corridors demands close attention to height, number and positioning of signs, with repetition as necessary; the main ones require matt surfaces and other factors conducive to easy reading from a distance.

Colour-Coding - this is a possible means of distinguishing the main categories, e.g. for warning or exit purposes.

Pleasing Appearance - signs must conform to the general decor.

Environmental Features (Wards)

Beds throughout are of the latest type, capable of adjustment to varying heights and positions. They can also be easily moved from one room to another, with the patients and his belongings if necessary, in accordance with the principle of Progressive Patient Care. There are individual curtain-tracks in all the multi-bed bays.

Lockers and other furniture are chosen to combine efficiency with pleasant appearance. The chief sources of colour in most of the rooms are the curtains, furnishings and fittings, with the walls and floors having a fairly neutral finish. The flooring is generally welded PVC sheet, but there are fitted carpets in the dayrooms, staff rooms and certain public areas.

Daylighting for most of the peripheral rooms on the first floor is by means of bay windows giving a view over the grounds, supplemented at the inner (corridor) end by high-level clerestory windows. The other rooms and sanitary, etc. annexes either overlook the courtyards or have clerestory lighting. Similar arrangements obtain on the ground floor, except that there are no clerestories and the outside windows have no bays. Sunblinds and obscure glass are provided as necessary. There is permanent supplementary artificial lighting wherever needed on the ground floor.

Artificial lighting is almost wholly from diffused fluorescent fittings; there is a limited use of tungsten lamps, e.g. for the minimal illumination of corridors at night and for the individually controlled and adjustable bedhead lights.

The switches for the bedhead lights, together with nurse-call system and radio controls, are incorporated in a standard bedhead panel. The radio headphone installation gives a choice of four channels and TV sound may be added later. Patients may need some instruction in the proper use of the various controls when they first arrive.

Heating is by means of cast iron hot water radiators with tamper-proof thermostatic controls. The double glazing of the bay windows helps to make the sittings spaces more comfortable. In certain public areas there are supplementary forms of heating, e.g. hot air fans.

Ventilation is essentially a matter of admitting sufficient fresh air without troublesome draughts, but it involves careful attention to air movement patterns throughout the hospital and the provision of mechanical ventilation in some service and treatment areas, notably the internal rooms.

Noise Control has also received careful attention, and among the measures taken is the acoustic treatment of ceilings over the nurses' stations and associated service areas. No emergency cases will be admitted to general wards at night, thus avoiding disturbance of patients' sleep.

Single Rooms and Pay-Beds

In accordance with current policy there is no specific provisions of a "private" ward or private beds, but certain of the single rooms which occur throughout the ward areas may be designated for this purpose. They are not wholly self-contained, but the toilet annexes are only just outside.

Toilet and "Domestic" Facilities (Wards)

The toilet annexes are grouped on the inner (courtyard) side of all the ward units, those without an external wall being provided with mechanical extract ventilation. Sanitary fittings are mostly domestic type. In each of the 34/36 bed general acute units there are the following facilities for use of patients who are not bedfast:-

Washbasins 12	-	two in individual cubicles; remainder en suite.
W.C's. 7	-	one en suite with bidet. (Patients may need instruction in use of dual-flush cisterns.)
Baths 3	-	two standard; one larger with handrails, etc. for "assisted" cases and certain types of treatment.
Showers 1	-	Bidet 1.

For the special types of ward units there are differing patterns of toilet annexes, and these are described in the individual Policies. The maternity wards, for example, require additional provision in the form of showers and bidets, which are now becoming more widely-used.

Patients' Clothes and Valuables

The bedside locker is designed to include, besides the ordinary drawers and cupboard, sufficient long-hanging space for normal outdoor clothing; it is moved with the patient on transfer to another room or unit. As regards emergency admissions, there are special wire baskets for patients' belongings, capable of attachment to trolley or bed.

Suitcases and other bulky articles are usually taken away by the patients' escorts after admission, but there may be occasions when this is not possible. There are special stores to accommodate such articles in the psychiatric and geriatric units. For general acute wards, the articles must be placed in the lockable cupboards which are situated in each of the two locker rooms, and the patients' records noted to ensure that they are reclaimed on discharge.

Likewise there may be occasions when the patient cannot avoid having large sums of money or other valuables with him when admitted - particularly in emergency cases; in this event the nurse in charge is responsible for seeing that these items are accepted into the hospital's safe custody. Policy No. IIH (Administration) describes the appropriate procedure for recording and safeguarding patients' valuables, also for dealing with the personal effects of deceased patients.

Flowers

There is a flower room at the entrance to each ward where visitors may arrange the flowers they have brought, and where staff may dispose of those that are finished with.

Some Aspects of the Catering System

The central kitchen provides all main meals and (except for the ground floor units) routine beverages as well. These are brought to the wards on trolleys and distributed by ward staff. Afterwards the crockery, cutlery etc. is collected back on the trolleys and returned to the kitchen for washing-up. (Full details of system are in Policy No. IIE).

For upper-floor wards, the meals are ready-plated and assembled on trays according to each patients' prior choice. A menu card for the next 24 hours is given to each patient at a convenient time of day and - with staff assistance if necessary - he selects and marks on the card those dishes he would like. Special diets are fully covered by this system, and the day/dining spaces are available for those who wish to eat at table rather than in bed.

It is important to admit the possibility of the patient subsequently wanting to change his mind, and this can probably be allowed for by a telephone call from ward to catering office.

For ground-floor wards there is a cafeteria-type service; the pantry in each unit receives bulk supplies of prepared and cooked food from the central kitchen and then local staff undertake necessary portioning and service according to each patient's choice. Those who are on special diets must be identified by the staff at the time of service. Those who are bedfast or in isolation or in need of help with feeding can have their meals on trays, the remainder can sit at tables in the large day/dining areas. There are special chair-trays for those who need them.

Assistance with feeding is given by the ward staff on either floor as required, whether the patient is sitting in bed or at table.

Routine beverages are prepared wholly in the local pantries.

Occasional Beverages, etc.

Behind the nurses' station there is a small "kitchenette" type of unit where the ward staff can prepare hot or cold or special drinks whenever patients require them outside the routine delivery periods, e.g. late evening. Crockery and supplies for this purpose are kept as ward stock and not handled at all by the central kitchen.

The snack-bar in concourse, also, is available to fully ambulant patients at any time.

Washing and refilling of water-jugs and glasses is another matter for which the ward staff are responsible.

Recreation, including Voluntary Services

The day/dining spaces have already been mentioned. In the psychiatric and geriatric units on ground floor these are large open areas intended for shared use by day-patients as well as inpatients, where certain forms of social activity, etc. constitute an important feature of patient-care and rehabilitation. Fuller details are given in the relevant Departmental Policies.

On the upper floor (except in maternity and paediatric units) the total space available for this purpose is sub-divided as follows:-

(i) Each bay-window around the periphery allows sitting-up-space for, say, four of the room's occupants.

(ii) At the low-dependency end of each 34/36 bed unit there is a TV lounge; where these occur at the corners of the building they have to be of "single" size, but otherwise they can be paired together for greater convenience. All are furnished with tables, upright and easy chairs and fitted with TV aerial sockets.

Outdoors

Besides the customary indoor recreations, every opportunity is taken to enable patients to sit outdoors in fine weather. From parts of the upper floor there is access to certain courtyard terraces. The psychiatric unit on ground floor has its own courtyard garden, in the upkeep of which the patients can be expected to play their part. Similarly the geriatric unit has outside french doors giving on to a paved terrace, and beyond this there is to be a special old people's garden with raised flower beds, etc.

Library

In conjunction with the medical and nursing reference library (see Policy No. IIG) there is the patients' library and reading room, which ambulant patients may attend whenever convenient. It also provides the base for the library trolley service to wards, which may possibly be associated with the local authority's public library service.

Voluntary Organisations

The trolley rounds from library and concourse shop (see later) are expected to be organised by one or more of the voluntary bodies that contribute so much to the welfare of patients in hospital. Their importance is recognised by the inclusion of a special office in the Administration Department, from which these various functions can be more effectively co-ordinated.

If a Co-ordinator is specifically appointed, this would be his working base, adjacent to that provided for the Local Authority Services.

Chapel, Chaplains and Social Workers

The small multi-denominational chapel is conveniently situated on the ground floor close to the concourse. It overlooks a courtyard, and there is a spacious entrance lobby opening off the front street. The altar table is placed at one end for Frimley, and the other for Bury, in order to get the correct orientation.

On one side of the lobby are an interview room and the shared Anglican/ Free Church Vestry; on the other side is the R.C. interview room/oratory.

The whole area is carpeted, acoustically-treated, furnished and fitted out in the manner best suited to serve the varying needs of the hospital community as a whole. There is seating for up to 30 persons and space for wheelchairs, also the necessary microphones and wiring for services to be broadcast via radio headphones to bedfast patients.

The Chaplains of various denominations who are appointed to the hospital will not normally have to conduct services in the wards, but their visiting and ministration should make the customary contribution to patient-care and welfare. They work closely with Administration; the Records Department has a standard procedure for keeping them informed about admissions, discharges, etc. and other departments are relied upon to liaise as necessary.

The chaplains also have an interest in the special viewing chapel which is provided in the mortuary (see later under "Relatives").

Medical Social Workers,

The functions of these officers have already been described in Policy No. IIH (Administration). They are referred to again here only because of the close association between their work and that of others concerned with patients' welfare. When dealing with the affairs of inpatients they usually visit the wards, conducting their interviews either at the bedside or in the general purpose room in the entrance corridor.

This room may also be used on occasion for other interview purposes, e.g. when the local Registrar or other official has business with a particular patient.

Miscellaneous Inpatient Services

Telephones

The usual coin-operated telephone trolleys for outgoing calls are available to all wards and day-rooms, being plugged into convenient sockets and brought by ward staff to bedside or chairside. Incoming calls are received in the ward sister's office, but information about the patient's condition is normally given only to nominated next-of-kin.

Mail

The porter/messenger service is intended to deliver incoming mail and collect outgoing mail at appropriate times of day. Exceptionally, ambulant patients may choose to go and post their letters in the box which is provided at the main reception counter in concourse.

Writing-paper and stamps may be purchased from the trolley-shop. The trolley-services from both shop and library have been described under a previous heading.

Newspapers and Periodicals

The usual delivery arrangements are expected to be made with a local supplier.

Repairs to Hearing Aids, Dentures and Spectacles

By arrangement with the appropriate outpatient clinic, inpatients can usually be given whatever emergency attention they may need in this respect.

Hairdressing

A room is provided (just off the staff dispersal lobby on ground floor) to serve as a base from which local hairdressers can organise periodical rounds for patients in the wards. Additionally, it is fitted out as a salon (with two chairs) so that ambulant patients or staff of either sex may attend by prior appointment.

Facilities for Outpatients and Day-Patients

There is a parking-place for prams and wheelchairs just inside the main entrance, and part of the general waiting area in concourse is furnished specifically for children. There are toilets here, too. At the other side of the entrance is an area allocated for those awaiting transport home, with several public telephones nearby.

O.P.Department

After checking-in at the reception counter, patients enter the main clinics area and proceed to the central waiting hall which has rooms opening off either side. The rather long, narrow appearance is relieved by careful attention to decor and layout. At the far end of this hall a corridor off to the left gives access to the remainder of the clinics (mainly Eye and Dental), with some more toilets beyond them. The whole area is attractively decorated and furnished, with chairs grouped into sub-waiting bays associated with each sub-reception point; there are four of these, clearly but variably signposted according to which clinics they are serving on any day.

Just inside the o.p.d. entrance are the social workers' offices, with their own sub-waiting space separate from that intended for the clinics.

The separate entrances to the Ortho. and Fracture Clinic, and the Ante-Natal and Gynae. Clinic, open off either side of the concourse beyond the snack bar. The latter clinic has its own special toilet/test facilities for the female patients. In both of them there is a reception desk and waiting space just inside the entrance.

Accident and Emergency Department

This department has its own outside entrance (divided between stretchers and ambulant cases) and reception counter. Not far away is the general waiting area for ambulant cases, with separate room for children, and beyond this a connecting door to concourse. Most of the treatment area is divided into cubicles, by means of partitions and curtains, but there should still be adequate provision of daylight and natural ventilation. Next to the sub-waiting space elsewhere in the department there are other general toilets.

Day Patients

This general category of patients who do not stay overnight is sub-divided as follows:-

(i) Those who regularly come on foot or wheelchair to the psychiatric and geriatric units for midday meal, social and remedial activities, including follow-up treatments. They can mingle with the ambulant inpatients and share all the same facilities.

(ii) Those who are booked for admission to beds in the special Day/ Emergency Unit for minor operations or prolonged treatments and investigations. The Unit is approached via staircase and lifts at end of concourse. It offers full toilet and changing facilities, also a large day-space in which may be consumed meals and drinks ordered from the snack-bar and delivered via the hoist.

"Commercial Premises" in Concourse

Snack Bar

This is equipped to provide a wide variety of light meals, snacks and beverages for all comers, on a self-service (cash) basis, and is intended to be open 24 hours a day. There is a seating for up to 75 persons, not including the chairs and tables in the general waiting area nearby; also, the courtyards on either side are meant to be freely accessible in fine weather.

Some part of the main seating space has to be screened off for staff use, but otherwise it should have an open, informal appearance, with attractive decor and furniture helping to make it a popular place of rest and refreshment.

Hospital Shop

These premises comprise a separate store-room, and an open display area with service counters over the whole of which shutters can be pulled down and locked at night. Security aspects are important, as there may be times when considerable stocks have to be kept, although a working arrangement with the Central Stores for ordering and receipt of bulk deliveries is desirable. The perishable nature of some goods demands adequate ventilation.

The range of commodities stocked - toiletry, confectionery and tobacco, knitting requisites, haberdashery, toys and games, stationery etc. (not flowers)- can be kept fairly flexible, dependent on the demand arising both at the shop itself and from the ward trolley service. The latter is comparable with the library trolley in that it enables a fair selection of the goods available to be taken to wards for the benefit of bedfast patients. Accounting arrangements, both for the trolley-service and for the shop as a whole, need to be carefully worked out in consultation with the Group Treasurer.

The terms of the tenancy lease (including arrangements for cleaning, refuse disposal, etc.) should be such as to show a modest credit to the hospital's amenity funds, whether the shop is managed by a commercial concern or by a Voluntary Organisation. The latter method may be preferable, since it enables the links between H.M.C. and voluntary bodies to be strengthened and gives greater opportunity for service.

Branch Bank

The precise arrangements for use of these premises have still to be worked out, but the object is to encourage the opening of a proper branch of a commercial bank - possibly with limited hours - to serve the hospital's finance department.. staff members, patients and general public. As stated above for the Shop, the negotiated lease would cover such matters as cleaning and waste disposal; fitting out and all security measures would be the Bank's responsibility.

General arrangements for Visitors

It is worth bearing in mind that some of those who come from outlying parts of the catchment area (particularly at Bury) to visit their friends and relations in hospital may have quite difficult journeys, with infrequent buses. Extended visiting hours should be applicable, and the visitors made to feel as welcome as possible. The Chapel should remain available for use at any time.

In the concourse there are opportunities for taking rest and refreshment on arrival, also for buying any last-minute gifts. The reception and other staff, helped by the comprehensive signposting system, must ensure that visitors who are not familiar with the layout have no trouble finding their destinations.

Staircases give easy access to the upper floor, but those few who really cannot climb stairs may use the lifts.

There are public coin-box telephones at strategic points throughout the building.

Local waiting

On reaching their destination, visitors should always check with the ward "receptionist"; although restrictions should be minimal there may still be occasions when they have to delay their entrance - or subsequently leave the bedside for a brief period - so as not to interfere with essential nursing care. For this reason the design includes a properly-appointed waiting space (with toilets nearby) just inside or outside the entrance to each of the main inpatient areas. In the case of the general acute units on the upper floor this space is in fact the lobby at the head of each front corner staircase, where provision is also made for leaving coats and umbrellas.

Before entering the ward, visitors may use the flower room if they wish to arrange any flowers they have brought. Once inside, they may talk with the patients either at the bedside or in the various day-spaces. The staff members and voluntary helpers will normally do their best to advise on individual patients' circumstances, but visitors should be told to avoid putting questions about medical or nursing matters to the housekeeping staff.

Committee Rooms and Offices.

Visitors to the Administrative Department may leave their cloaks at the special receiving point, with bell-call for attendant, which is associated with the central staff changing rooms (see Policy No. II F).

Special Arrangements for Relatives

(For details regarding Children's Ward, see Policy No. IIIC)

Overnight Stay

The importance of enabling next-of-kin to stay in the hospital overnight when circumstances warrant, e.g. when they have a long journey and the patient's condition is critical, is fully recognised in the design. There are a number of hotel-type single bedrooms available, the main group of four being associated with the Intensive Therapy Unit and located nearby, with access via the front link corridor. Two of these are actually in the Day/Emergency Unit, at the "day-patient" end which would normally be closed down at night. The other two are always kept ready for immediate use, one of them being just about large enough to take twin beds if desired.

There is a further pair of relatives' rooms in the Maternity Department, close to the Special Baby Unit, while the waiting room at the Admissions end is also capable of being used for overnight stay.

To meet exceptional need, the interview/exam. rooms associated with most of the ward units could be adapted for this same purpose without much difficulty; it is not desirable to propose accommodating the relatives in any of the in-patient bedrooms.

Toilet facilities are either linked directly with these relatives' rooms or situated somewhere nearby. The concourse snack bar is available at all times, for breakfasts or other meals as required.

Deceased Patients

The procedure for dealing with the effects of deceased patients, and interviewing their next-of-kin, has already been described in Policy No. IIH (Administration). The main point to note here is the necessary liaison with the mortuary attendant regarding arrangements for relatives to view the body, arrangements which may possibly involve the Chaplains also.

The viewing chapel in the mortuary is a quiet, secluded room en suite with a small waiting area (and w.c.) Orientation is the same as for the main chapel, and it is appropriately furnished for prayer and meditation. The exit bay for hearses is almost directly outside and well screened from general view.

Administration and Staffing Matters

The overall responsibility for ensuring that the facilities and services herein described are well organised and properly used rests with the Group Secretary, working through the "Patients Services" side of the Administration Department. The task involves a great deal of liaison and co-ordination between the various bodies within and outside the hospital; it arouses considerable public interest nowadays, therefore the methods of informing the patient must be kept under constant review.

Staffing:- There are few implications which have not already been considered in regard to earlier policies. The Shop and Bank are commercial-type undertakings which have no impact on the hospital's establishment, and the extent of voluntary assistance available at any time depends on the supply of volunteers.

Although there may be a contract service, the appointment of a Hairdresser might be justified. The possibility of appointing a Voluntary Services Organiser in due course should not be overlooked.

Otherwise there are only the (part-time) Chaplains to be considered for establishment purposes.

Final "Best Buy" Planning Policy No. IIL

THE DEVELOPMENT PLAN AND DEPARTMENTAL RELATIONSHIPS

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Project Team Report BB3 on Evaluation of Planning and Design.

Final "Best Buy" Planning Option No. III

THE DEVELOPMENT PLAN AND DEPARTMENTAL RELATIONSHIPS

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General

In Policy No. IIA reference was made to those features of the Development Plan which had a bearing on the subject of access and communications - the open sites conveniently fronting on public highways, for example, and the movement of horizontal and vertical traffic within the building. Later policies in Part II have brought out a number of other options and decisions which necessarily influenced the design.

The emphasis throughout has been on whole-hospital planning and integrated management, with the object of economising as much as possible on capital costs and revenue consequences.

One of the major aspects of this work has been to centralize and co-ordinate the use of particular facilities throughout the hospital; this was apparent in the policies for such matters as the Delivery of Supplies, Disposal, and Catering. It has been continued in certain of the departmental arrangements, e.g. those for Treatment Rooms and Operating Theatres.

Purpose of This Policy Document

The Development Plan illustrates the departmental relationships, etc. and is included at the end for ease of reference. This policy sets out to describe the stages by which those relationships were finally determined, in order to contribute to better understanding of the individual policies when they come to be detailed in Parts III, IV and V.

Location of D.G.H. Within Catchment Area

The need to design and construct the new hospital with all reasonable speed and economy meant that there could be no question of trying to put it on an existing occupied site, since this would have been likely to involve decanting, phased construction and therefore extra time and cost. A virgin site of reasonable size was essential, and various other characteristics (see next page) were highly desirable.

In the case of Bury it was clear that the new hospital like the old should be sited as close as possible to the county town at the heart of its very scattered rural area, thus having only a marginal effect on the pattern of travel for the majority of patients attending.

But every area presents different siting problems, and in the case of Frimley these were less easily resolved. The Hospital Plan (Cmnd. 1604) envisaged d.g.h. catchment areas of 150,000 or more population, which are not always conveniently grouped around a communications centre. However careful the choice of site, therefore, longer journeys for some of the patients are an inevitable concomitant of the rationalisation process.

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Site and Building Shape

Pending detailed assessment, the original design idea was related to a notional floor area of at least 400,000 sq. ft. (say about 600 beds with associated departments and services). Basic operational principles and functional relationships were listed and carefully examined for their likely effect on capital and running costs. The Department's own studies, together with experience from other projects with which the designers - architects and engineers - had been involved, supported the team's conviction that an open horizontal type of layout would be more economical than a vertical one; i.e. that the departments should be disposed around a number of internal courtyards in a level structure which was preferably no more than four storeys high.

In view of these and other factors affecting costs, therefore, the sites to be chosen at Bury and Frimley would have to satisfy as many as possible of the following criteria:-

(i) Zoned for development, with town planning approval obtainable.

(ii) Suitable size and shape to accommodate the hospital complex with limited expansion space, essential staff residences and surface car-parking.

(iii) Gradients should not be such as to necessitate split-level design.

(iv) Reasonable soil conditions to avoid difficult foundations, etc.

(v) Normal public utility services available.

(vi) Easily accessible, by public highway and/or other means, from most parts of the catchment area.

In the event, the two sites that were selected came close to satisfying all our requirements. Their main characteristics have already been described in Policy No. IIA. Both of them offered usable areas of over 20 acres, but there have been savings of space in the detailed design. A suitably-shaped area of only 15-16 acres would now probably suffice, but with some loss of amenity and expansion potential.

Options Regarding Shape and Structure

A full description of the early studies that were undertaken in this respect is given in Part 3 of Report BB3. They covered such matters as plan form and spans, general types of structure, zoning of departments for functional reasons, storey height and roof shapes. In the time that was available they could not be made exhaustive, but their outcome was a two-storied design which has proved sufficiently flexible for subsequent changes to be made without losing the basic virtues of economy and functional efficiency.

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Options Searching Space and Economics

A full description of the early studies that were undertaken in this respect is given in part 3 of Report 883. They covered such matters as plan form and space, general types of structure, zoning of departments for functional reasons, storey height and roof shapes. In the time that was available they could not be made exhaustive, but their outcome was a historical design which has proved sufficiently flexible for subsequent changes to be made without losing the basic virtues of economy and functional efficiency.

Zoning and Communications

The essentials of the design are a "core" of more highly-serviced departments (Zone B) with a continuous band of wards and other departments (Zone A) wrapped round three sides of it. The open side is reserved for the industrial-type services (Zone C) and possible expansion areas.

The simplest method of enabling patients to be moved between any parts of Zone A and Zone B is to surround the latter with a hospital street having entry points on either side. Then, by making this capable of taking the trolley-traffic from the supplies centre as well, there should be a saving of communications space which is quite significant in comparison with the norm.

The criticism that such a closed circuit cannot be enlarged, and may therefore tend to inhibit the expansion of the "core" departments, is examined on a later page; but it is worth noting that spur connections at suitable points should enable any additions to be kept reasonably close to that core.

Engineering

The development of the engineering design in conjunction with that of the building led to even fuller use of integrated communications. The opportunity of creating a services void over the ground floor street, where lower ceilings are acceptable, permits the establishment of a distribution system serving the whole hospital. Thus the need for horizontal runs of trunking, pipework and wiring (with maintenance access) in the occupied areas can be kept to a minimum. As for the short vertical ducts, the general layout is such that these can usually be located wherever circumstances demand.

Thus it can be seen that the principles of zoning and communications established a broad relationship between major departments which made the optimum choice of individual locations a good deal easier. Some were more critical than others, as the following descriptions will show.

Location of Industrial-Type Services (Zone C)

One of the basic objectives for this project was to make all possible use of facilities already existing within the catchment area, subject to their being upgraded to satisfactory standards. Details of the way in which this led to various services being off-sited have already been given in Policy No.IA (Bury) and IB (Frimley).

It was applied in particular to the major steam-using departments (Laundry and C.S.S.D.) which would not have to be established as part of the new d.g.h. if they could be associated with suitable and efficient boiler-plant already in use somewhere else.

A further advantage of minimising and localising the on-site steam requirements was that it enabled the central heating services to be provided simply and economically by means of a low-pressure hot water system. Careful evaluation of options (see Report BB2) led to a decision in favour of locating four small boiler-houses on the roof of the building, over the staircases, as described in Policy No.IIB.

The only "industrial" services remaining to be accommodated on the new site, therefore, were Works and Stores. Although these do not have a strong functional association, it was convenient to consider them together. Their positioning in relation to the main complex was influenced by the following factors:

- Ease of access for outside goods vehicles was essential

- If a separate building was planned it could be built to a suitably industrial standard of finish.

- The (1965) description of the "locomotive" delivery system to be used in the Greater Baltimore Medical Centre, together with the agreed principle of regular "topping-up" rounds for Supply and Disposal (see Policy No.IID) suggested to our designers that sloping ramps would form the simplest and cheapest method of connection with the hospital streets on both levels.

These factors led to the location of the Supply/Works facilities in a single-storied structure some distance away from the rear of the main building. (The variation in size and layout of the stores, as between Bury and Frimley, was described in Policy No.IID).

General Content of Site

The shape, size, surroundings and physical features of each site were all taken into account in determining the optimum position for the hospital. In both cases that position was far enough from the highway frontage to allow reasonable car-parking provision in the forecourt. The total parking area of about 1½ acres was originally assessed on the basis of one car-space per two beds, but there is still the possibility of using additional space elsewhere on site, if the need for it should arise after the hospital comes into use.

Staff Residences and Recreation Area (see Policy No. IIF).

The basic structure for the on-site residences conforms to B.N. 24 standards, but has been specially designed as a three-storied block having three wings round a central staircase, with a small common-room annex on the ground floor only. These blocks can be grouped and terraced together in different ways according to site; also, the units of accommodation they contain can be varied to a certain extent. A total of five blocks is being provided to meet the estimated need, which is mainly for Type A but with some C. & D.

Grouped with the residences are a separate social centre, car-parking space for some of the occupants, and a hard tennis court.

At Bury the residential area is on the west side of the forecourt, and during the course of planning it was found convenient to locate the social centre beneath the gymnasium. By request, a site is also being reserved for the addition of a squash court at some future date.

The shape of the Frimley site necessitated locating the residential area at the rear of the hospital, and the social centre there is much larger (by request, and the extra cost is being met by voluntary subscription).

Town Planning Approval

Once the above issues had been sufficiently resolved a provisional site layout could be prepared, showing in addition the suggested entrances for vehicles and pedestrians from the highway, traffic routes within the precinct, and general relationships with the public utility services. Outline approval was then obtained from the local planning authority without much difficulty. Since then consultations have continued on various matters, such as the entrances and internal roads and extent of one-way traffic, particularly in the forecourt where ambulance movement has high priority.

Content of Building "Core" (Zone B)

The allocation of those departments and functions which need to be grouped closely together in the "core" of the building depends upon (a) the most significant user-requirements at each floor level, (b) satisfactory relationships with each other and the departments they are to serve, and (c) economy in the design of engineering services.

First Floor

The majority of the ward areas (see later) had already been earmarked for this level. The O. & M. study which is described in Hospital Building Bulletin No. 5 showed (Appendix B1) that the wards' strongest traffic links are with Operating Department and Central Kitchen, therefore it was essential to put these on the same level.

Closely associated with the peripheral maternity beds are the Special Baby Unit and Labour Suite; as this suite was not intended to include its own emergency theatre it had to be placed next to, and given direct access to, the Operating Department. From the latter, the planning policy envisaged that nearly all patients would go to Recovery and a few direct to the Intensive Therapy Unit. The T.S.S.U. was added later, when it was found uneconomical to provide this service from the off-site C.S.S.D.

For direct service of meals, the Staff Dining Room had to adjoin the Kitchen.

At one time it had been hoped to associate the Staff Health Clinic with the o.p.d. but this proved impossible; its present location is conveniently accessible from all parts of the hospital.

Ground Floor

The main departments to be accommodated were X-Ray and Pathology, which required to be only a short distance from the Accident and Emergency and Out-Patient Departments, and these had to be at the front of the hospital for traffic reasons as described later. The Mortuary was positioned for easy access to outside, but reasonably close to the Pathology Department. Also, the Theatre Plant Room (see Policy No. IIB) had pre-empted a certain allocation of space directly below the theatres.

The overall size of Zone B having been determined by the first floor departments, the remaining space on ground floor was allocated to other departments for which a central location was highly desirable, namely:

- Education Centre and Library) both having some functional links
- Chapel) with Administration.
- Staff Lounge - functional link with kitchen still-room directly above.
- Pharmacy - accessible to o.p.d.

Traffic: Ramps, Lifts and Stairs

The pattern of departments on each floor was now becoming clearer and it was possible to consider the most suitable means of transit between them, for patients, staff, visitors, goods and services. In this respect the fundamental concept of hospital streets around the core areas has already been mentioned.

Similarly the connecting ramps for use by the supply and disposal trolleys had become a basic feature of the design, eliminating the need for other methods of transporting goods between floors (Except for the two small local hoists which were described in Policy No. IIB). Thus the decision on types of vertical circulation could be taken by reference to the needs of patients, staff and visitors only.

The provision of an internal staircase for general use near each "street-corner" had been an equally basic feature of the design; more detailed examination suggested that these four staircases should prove adequate for all ambulant traffic between floors, including the peak load of patients' visitors. Nevertheless the decision to centralise the two lifts (see below) at the end of the concourse was thought to justify grouping another staircase with them; and to make it easier for staff to proceed from their dining-room to the coffee-lounge below, a special staircase has been included in that region also. External fire-escape stairs are provided wherever necessary on the perimeter of the building.

Lifts

The basis on which the need for these was assessed has been described in Policy No. IIA. Originally they were positioned one at each end of the front street, for user convenience, but later it was thought that bringing them together would give other advantages. This has fitted in satisfactorily with the designing of the central concourse and main entrance.

Peripheral Wards and Departments (Zone A): First Floor

For utmost flexibility in use, the continuous banding of all the general acute units - medical and surgical - on one level, around their essential treatment areas, had always been part of the basic concept. Geriatric, psychiatric and isolation beds were subject to different considerations (see later) and could be put on the lower level. The main problem remaining, therefore, was to choose the best position for Maternity and Children's Units within the peripheral U-shaped band.

These two special categories had certain features in common (use of milk kitchen, non-standard layouts, specialist staffing for child care, etc.) which might have justified putting them close together. But in fact their final locations were governed by the following factors:-

(i) Leaving aside the ante-natal clinic, for reasons which are given later, it was thought that the maternity beds ought to be integrated with the labour suite and admissions areas into a single unit for management purposes. This could only be done by positioning them at one extremity of the U.

(ii) Fluctuating demand for such beds might necessitate some "overflow" provision at the peak season of the year, and this could best be done by putting the female surgical beds next to them in the banding.

(iii) As the children's ward was intended to take all the non-adult patients, including e.n.t., etc., juxtaposition with the adult e.n.t. beds might be advantageous.

(iv) The desirability of keeping child patients away from the main body of adult wards and giving them easy access to outdoor play areas meant that their most suitable location would be the other extremity of the U.

Reference should also be made to the "Intermediate" Zone comprising the block of Central Treatment Rooms en suite with the special Day/Emergency Unit. The latter is a flexible grouping of the beds needed for emergency admissions and observation with those for day-surgery and investigations; it provides a functional link between the accident and outpatient clinics directly below, and the main treatment facilities on first floor. The five treatment rooms were centralised here for economy of management and engineering services, and for best accessibility to the general acute units; the children's unit, and those on ground floor, have their own separate treatment provision.

Peripheral Wards and Departments (Zone A): Ground Floor

The layout across the front of the hospital was self-determining; it comprised the four departments which statistically have the strongest links with the outside world and each other. The following schedule shows that the primary location of these four had some influence on the location of other departments as well:-

1. Medical Records - there were advantages in associating this with Medical Administration and thus with General Administration (which included the Central Staff Changing Rooms).

2. Accident and Emergency - to facilitate shared use of plaster-room facilities, etc., the Orthopaedic and Fracture Clinic was directly linked with this department.

3. Outpatients' - the principle of integrated planning and programming for multi-purpose use indicated that the Ante-Natal Clinic would be better associated with this department than with the other maternity provision elsewhere.

4. Physical Medicine - this would require close links with the Geriatric Unit.

Geriatric and Psychiatric Units, including Day Centres

There were several changes of policy during the planning of these areas, mainly through force of circumstances. For instance, the principle of having the psychiatric day-centre situated just outside the hospital precinct and managed by the local authority offered advantages that were worth pursuing. On that premise it had been thought that a co-ordinated grouping of both psychiatric and geriatric units with the physical medicine department ought to show considerable economy in use of space, particularly in the communal areas for dining and recreation. It might also have facilitated the management of the special category of psycho-geriatric patients.

However, when it was realised that this could not be achieved, and that the hospital design itself would have to include quite a large psychiatric day centre, there were seen to be advantages in combining this with the inpatient accommodation. This involved finding a fresh location for the whole unit, which then also had to include its own light occupational therapy provision. But the association of the geriatric unit and day centre with the physical medicine department was not affected by this change.

At one time, some space in the area affected by these moves had been provisionally earmarked for R.M.Os quarters, thus reducing the amount of residential accommodation needed elsewhere on site. However, a more pressing demand came to light, i.e. for a purpose-built Isolation Unit, and it was thought preferable to have this within the main building rather than separately outhoused. Thus the content of Zone A was finally completed.

Entrances and Public Spaces

In a design of this type, with a perimeter of about 2000 ft., there is a temptation to proliferate the external entrances on grounds of convenience. But it has to be resisted because of the security problems which may then arise. A balance is required between making all parts of the building accessible to the outside world at appropriate times, and enabling the security officer to safeguard it against unwelcome intrusions without excessive use of night-duty staff.

The doorways into the courtyards for amenity, servicing and emergency use are in a rather different category. They are generally meant to be kept locked when not in use, but their numbers and availability have not had to be influenced by security considerations. There are also the fire-escape doors at strategic points around the building, openable only from the inside and mainly self-closing; those few which may be used for amenity purposes as well are under the direct control of the departmental staff concerned.

A full description of the main and subsidiary entrances was given in Policy No. IIA. The staff entrance at the side was originally proposed to be usable for other purposes as well, e.g. maternity admissions, but the rationalisation of the front entrances led to more effective arrangements for reception, etc. There is now only one point of entry having to be manned throughout the 24 hours, and that is obviously the one for the A. and E. Department.

Concourse, etc.

The main feature of the above rationalisation was the setting-up of a new central entrance, reception desk and concourse. The functions of that entrance were formerly shared between the other two, while the amenities now in the concourse (snack bar, etc.) had previously been positioned behind the combined clinics area and associated with the front street. The original design aimed to integrate the a. & e. and o.p. departments, but the advantages of the change were thought to be:-

- Pleasant appearance of main waiting area and snack bar combined, with landscaped courtyards either side.
- Space available to bring forward as well the other amenities like shop and bank, for greater convenience of use.
- Easier reception and public access to all parts of the hospital and lifts.
- Better layout of departments directly above.

Expansion Potential ("Growth and Change")

It has become almost an essential requirement for the design of any new hospital to take account of the possibility that the service it provides may later have to be extended. Nevertheless there are indications that a turning point may already be approaching, i.e. that future developments in the pattern of medical and nursing care will increasingly prove capable of being accommodated by change of use of existing areas rather than by overall increase in size.

In the "Best Buy" design, with its emphasis on ecomomy factors, it would be impracticable to make specific allowance for expansion of areas and services at the various points. The provision of communications, engineering mains and ducts, etc. for possible future use might lead to additional cost which could not be justified. To make structural arrangements suitable for the addition of a (partial) third storey would also add to the cost. Within these limitations, however, the design does recognise the need to allow for growth and change, mainly in the following ways:-

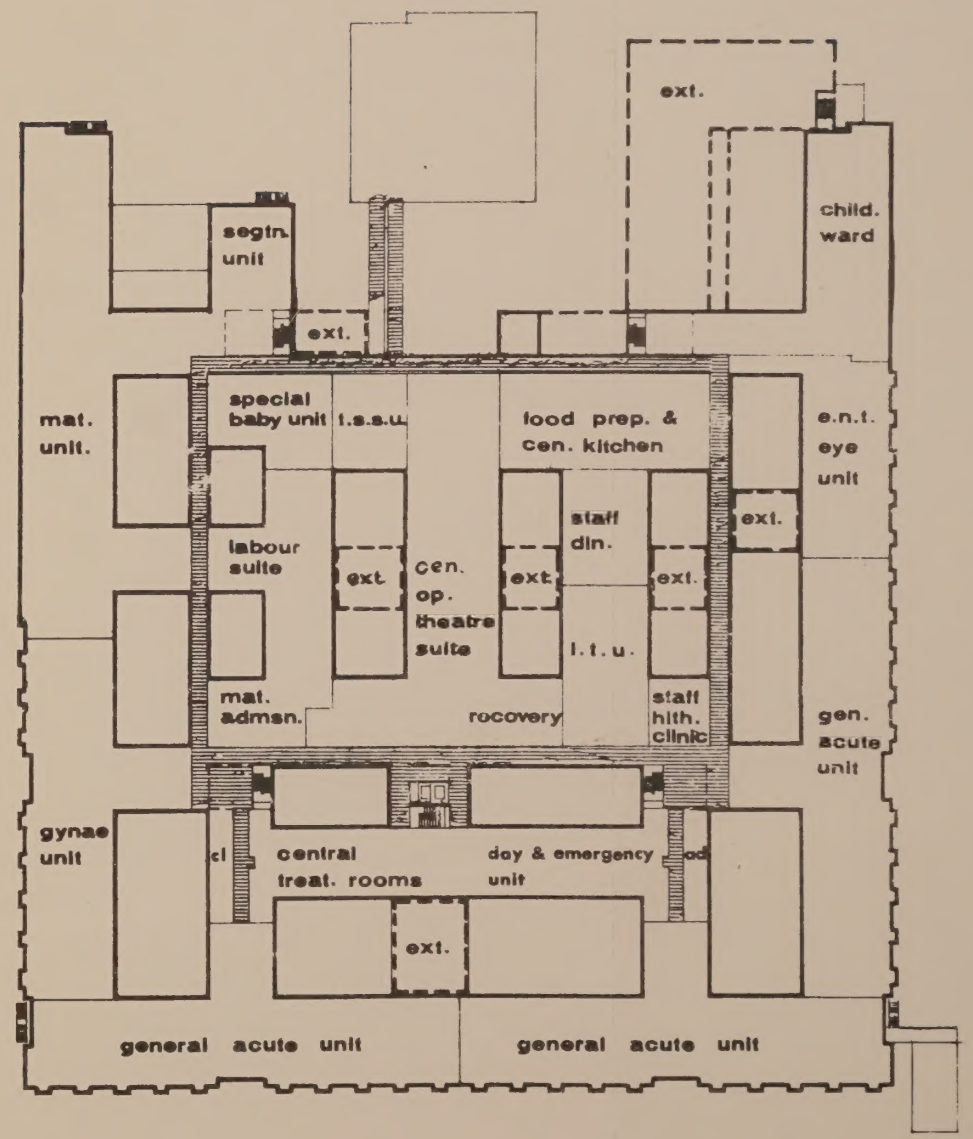
(i) Internal structure, partitioning and service runs are such that areas can be adapted and reallocated for other uses. This could take place, for example, if an existing function was reduced in area, or transferred wholly outside the building, or even off-sided.

(ii) Limited and local structural extensions are feasible in a variety of places, as shown on the plan. To a certain extent these may help to lessen the constricting effect of the streets around Zone B, and their need for engineering services would probably be capable of being met by the existing network without too much difficulty, although this would depend on the use of the proposed extension.

(iii) At certain points - again as shown - it is possible to envisage major additions being linked into the existing communications system. In those cases, however, the engineering implications would have to be very carefully evaluated.

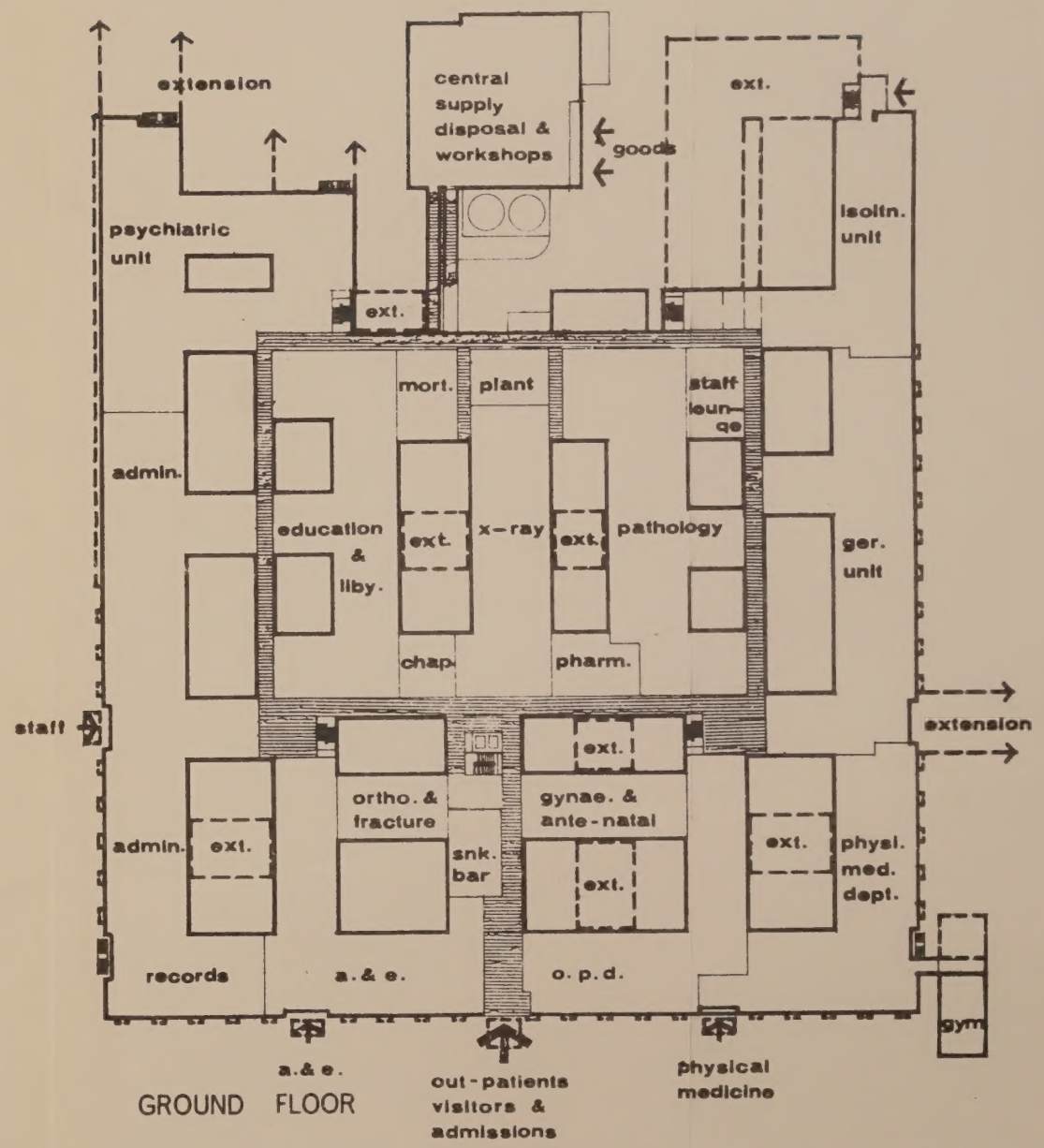
By careful application of the above principles it is conceivable that the overall content of the hospital could be increased by up to 20%, distributed between wards and departments as appropriate.

Schedule of Approx. Departmental Areas	Sq. Ft.
In Patients:-	
Maternity (incl. Labour Suite & S.C.B.U.)	30,900
General and other Acute Units	57,200
Childrens Ward	7,130
I.T.U.	3,460
Diagnostic & Treatment:-	
Operating Theatres, T.S.S.U, etc.	14,270
Day & Emergency Unit	5,660
Central Treatment Rooms and Clinical Investigation	2,460
Kitchen	5,240
Staff Dining Room and Health Clinic	4,390

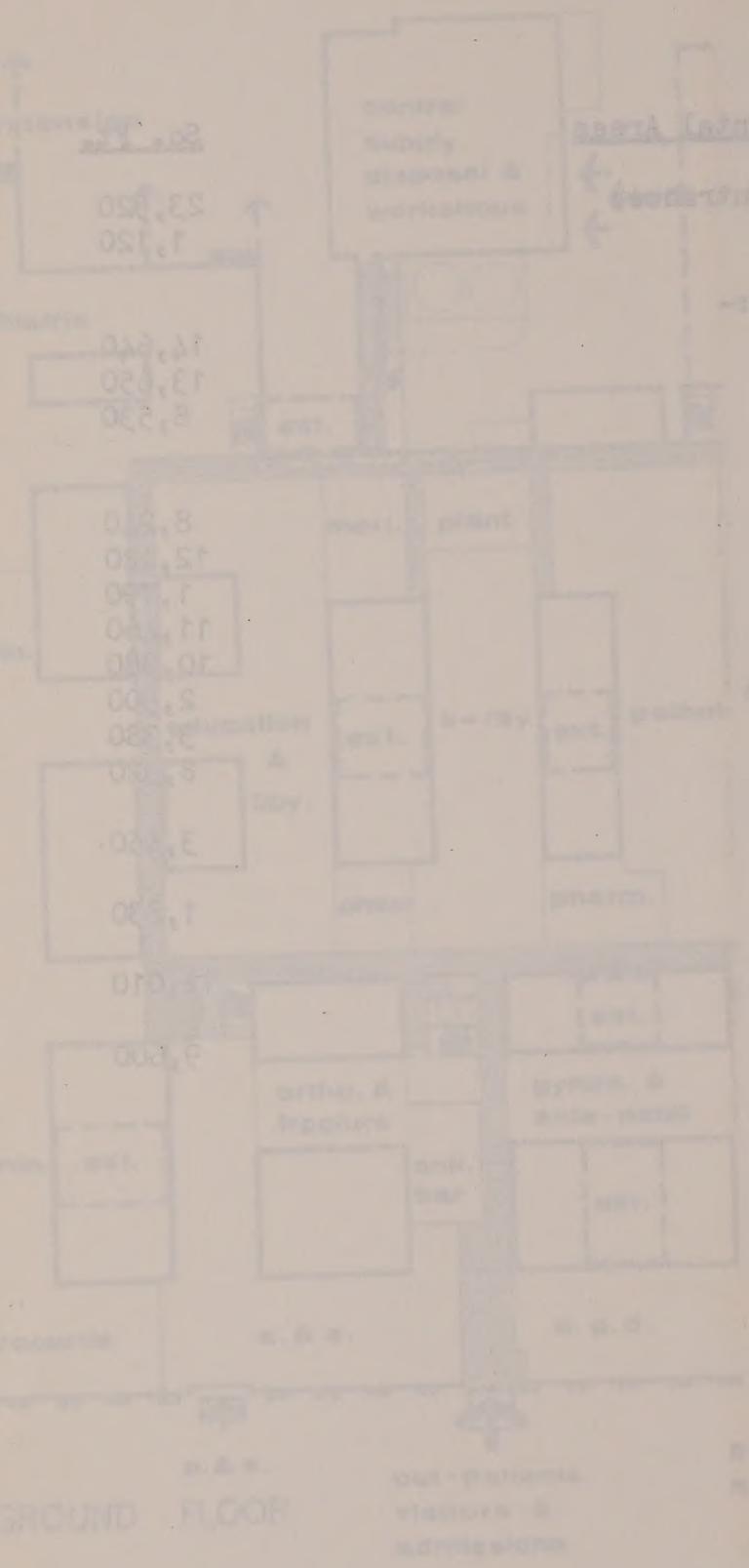


FIRST FLOOR

Schedule of Approx. Departmental Areas	Sq. Ft.
Administration (incl. Main Entrance)	23,320
Chapel	1,120
In-Patients and Day-Patients:-	
Psychiatric	14,640
Geriatric	13,650
Isolation Unit	8,530
Diagnostic and Treatment:-	
X-ray	8,240
Pathology	12,420
Mortuary	1,790
Physical Medicine	11,460
O.P.D.	10,080
Orthopaedic and Fracture	2,300
Ante Natal	3,380
Accident and Emergency	8,320
Staff Lounge and Snack Bar	3,450
Pharmacy	1,830
Education	11,010
Works/Stores Building	9,600



GROUND FLOOR



Schedule of Approx. Departmental Areas

Administration (incl. Main Entrance)
Chapel

In-Patients and Day-Patients-
Psychiatric
Geriatric
Isolation Unit

Diagnostic and Treatment:-
X-ray
Pathology
Mortuary
Physical Medicine
O.P.D.
Orthopaedic and Fracture
Ante Natal
Accident and Emergency

Staff Lounge and Snack Bar

Pharmacy

Education

Works/Stores Building